



LANCASHIRE COUNTY COUNCIL

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# REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1953

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*(Presented to the County Council, 4th November, 1954)*

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*F. Taylor & Co. (Blackpool) Ltd., Back Regent Road, Blackpool*



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## PUBLIC HEALTH AND HOUSING COMMITTEE (1953-54)

The Chairman of the County Council :

\*A. SMITH, Esq., C.B.E., J.P.

The Vice-Chairman of the County Council :

\*SIR ALFRED BATES, M.C., D.L.

The Chairman of the Health Committee :

\*H. LORD, Esq., M.B.E., J.P.

Chairman of Committee :

\*Sir THOMAS TOMLINSON, J.P.

Vice-Chairman :

\*R. H. ROWLANDS, Esq.

County Aldermen :

A. GUEST, Esq., J.P.  
R. S. SCHOFIELD, Esq., J.P.

J. W. THORLEY, Esq.  
W. J. THROUP, Esq.

County Councillors :

Mrs. M. ALLCOCK  
W. BAINES, Esq.  
W. BANNISTER, Esq.  
S. J. BARGH, Esq., J.P.  
H. BLACKBURN, Esq.  
H. J. BRETT, Esq.  
Mrs. N. CHISHOLM (*appointed 18.9.53*)  
G. H. DEARDEN, Esq.  
J. E. EVANS, Esq., J.P.  
W. J. EVERETT, Esq.  
E. GOODWIN, Esq.  
J. GOULDING, Esq. (*appointed 30.7.53*)  
Mrs. J. GRUNDY

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W. HOLDEN, Esq., J.P.  
C. C. HOLT, Esq., J.P.  
C. F. LOFTHOUSE, Esq.  
D. M. McVITTIE, Esq.  
A. MONK, Esq., M.I.Struct.E.  
F. L. NEEP, Esq.  
Miss F. M. OPENSHAW, J.P.  
F. TAYLOR, Esq. (*appointed 30.7.53*)  
H. TURNER, Esq.  
T. WARD, Esq., J.P.  
S. WOOD, Esq.

(\* County Aldermen)



## HEALTH COMMITTEE (1953-54)

The Chairman of the County Council :

\*A. SMITH, Esq., C.B.E., J.P.

The Vice-Chairman of the County Council :

\*SIR ALFRED BATES, M.C., D.L.

The Chairman of the Finance Committee :

\*A. SMITH, Esq., C.B.E., J.P.

The Chairman of the Public Health and Housing Committee :

\*SIR THOMAS TOMLINSON, J.P.

The Chairman of the Lancashire Education Committee :

\*Mrs. K. M. FLETCHER, M.A., J.P.

The Chairman of the School Health Sub-Committee :

\*J. BRADLEY, Esq., J.P.

Chairman of Committee :

\*H. LORD, Esq., M.B.E., J.P.

Vice-Chairman :

\*J. EASTHAM, Esq., J.P.

County Aldermen :

A. L. CHEALL, Esq.  
Mrs. M. J. CLEPHAN  
W. J. GARNETT, Esq., D.L., J.P.  
P. JONES, Esq.  
R. S. SCHOFIELD, Esq., J.P.

J. W. THORLEY, Esq.  
W. J. THROUP, Esq.  
Mrs. B. F. WIGNALL, M.B.E.  
Lady WORSLEY-TAYLOR, J.P.

County Councillors :

F. AINSWORTH, Esq.  
Mrs. M. ASPDEN  
W. BAINES, Esq.  
S. H. BAKER, Esq., J.P.  
S. J. BARGH, Esq., J.P.  
S. C. BOTTOMLEY, Esq.  
N. BROOKES, Esq.  
H. DAVIES, Esq.  
G. H. DEARDEN, Esq.  
R. FOULKES, Esq., J.P.  
J. W. GEERE, Esq.  
F. W. HEAP, Esq.  
T. HOURIGAN, Esq., J.P.

Mrs. M. M. C. KEMBALL, J.P.  
Mrs. W. KETTLE, J.P.  
Mrs. K. LOWE, J.P.  
G. H. LUPTON, Esq.  
Mrs. M. MOORES, J.P.  
F. S. QUAYLE, Esq.  
J. B. SMALLEY, Esq., J.P.  
P. STOTT, Esq.  
J. H. TAYLOR, Esq.  
H. W. THROUP, Esq., J.P.  
H. TURNER, Esq.  
R. WEBSTER, Esq.

Members appointed by—

*Lancashire Non-County Boroughs Association :*

Mrs. B. DAVISON, J.P. | W. H. FLOWERS, Esq., M.B.E., M.M.

*Lancashire Urban District Councils Association :*

T. FARRIMOND, Esq., J.P. | W. R. MARSH, Esq., J.P.

*Lancashire Branch of Rural District Councils Association :*

\*W. ALDERSON, Esq. | W. HELME, Esq., J.P.

*Lancashire Executive Council :*

R. NEWTON, Esq., J.P. | A. OWEN, Esq., M.B., Ch.B.

*Lancashire County Local Medical and Panel Committee :*

A. CAMPBELL, Esq., O.B.E., L.M.S.S.A.

*Voluntary Organisations for the Care of Old People :*

Mrs. P. TODD | Mrs. V. H. WEEKS, M.B.E.

(One vacancy)

(\* County Aldermen)

**COUNTY HEALTH STAFF** (As at 31st December, 1953)  
(Jointly with School Health Service)

County Medical Officer of Health and Principal School Medical Officer :  
S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

Deputy County Medical Officer and Deputy Principal School Medical Officer :  
(Vacant)

Chief Assistant County Medical Officers :  
R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.  
T. S. JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

**Divisional Medical Staff :**

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	D. H. GAWITH, M.R.C.S., L.R.C.P., D.P.H. J. PATTERSON, M.B., B.Ch., B.A.O., D.P.H.
2	R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	*P. G. CANNON, M.B., Ch.B., D.P.H. *W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H. ROBERTA T. RANKIN, M.B., Ch.B., D.P.H. MARY TOWNEND, M.B., Ch.B., D.P.H.
3	A. DODD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	N. BROUGHTON, M.B., Ch.B., D.C.H. H. KEMPSEY, M.B., Ch.B. A. T. MCGLINCHY, L.R.C.P. & S.I., D.C.H., D.P.H.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O. MARGUERITE E. CLIFF, M.D., Ch.B., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H. *JEAN ROBSON, M.B., Ch.B., D.C.H.
5	R. C. WEBSTER, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. J. McHUGH, M.B., B.S., L.R.C.P., D.P.H. ALEXANDRINA M. M. PARKER, M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.T.M.&H., D.P.H. *C. ROYLE, M.B., Ch.B., D.C.H. P. M. SAMMON, M.B., Ch.B., *D.P.H. *SHEILA M. WHEELER, L.R.C.P., L.R.C.S., L.R.F.P.S., D.Obst.R.C.O.G.
6	R. E. ROBINSON, M.A., M.R.C.S., L.R.C.P., D.P.H.	J. D. CARROLL, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H. ELSIE CATLOW, B.Sc., M.B., Ch.B., D.P.H., J.P. J. MCGOVERN, M.B., Ch.B., D.P.H.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	LILIAN W. HUGHES, M.B., Ch.B. R. E. JONES, M.B., Ch.B. SUSAN H. MONTGOMERY, M.B., Ch.B. J. D. WILLINS, M.B., Ch.B. C. R. WILSON, M.B., Ch.B., D.P.H.
8	G. H. POTTER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	T. M. EDWARD, M.B., Ch.B. *G. A. FULTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. ELSPETH M. RICHARDSON, M.B., Ch.B. H. G. SEED, M.B., Ch.B.
9	F. W. BUNTING, M.B.E., M.D., Ch.B., D.P.H.	PATRICIA F. M. B. GOULD, M.B., Ch.B., D.P.H. G. G. W. HAY, M.B., Ch.B. DOROTHY M. JAMES, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D. J. F. MCGOVERN, M.B., B.Ch., B.A.O., D.P.H. W. A. POLLITT, M.R.C.S., L.R.C.P., D.P.H.


\* Part-time.



LANCASHIRE COUNTY COUNCIL

HEALTH DEPARTMENT  
EAST CLIFF COUNTY OFFICES  
PRESTON

*With the Compliments  
of the  
County Medical Officer  
of Health*



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Health Division No.	Divisional Medical Officer	Assistant Medical Officers
10	A. C. CRAWFORD, <i>T.D.</i> , M.B., Ch.B., D.P.H., D.T.M.	HELEN G. M. BENNETT, M.B., Ch.B., D.P.H. D. K. MACTAGGART, M.A., M.B., Ch.B., D.P.H.
11	T. P. SEWELL, M.D., Ch.B., D.P.H.	EVELYN F. BEBBINGTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. *R. S. DAVIDSON, M.R.C.S., L.R.C.P., D.P.H. BESSIE HOWARTH, M.B., Ch.B. *J. R. JAGGER, M.B., Ch.B., D.P.H. JUNE M. MACTAGGART, M.B., Ch.B., D.P.H. ELLA MACDONALD, M.B., Ch.B., D.P.H.
12	C. H. T. WADE, B.Sc., M.D., Ch.B., D.P.H.	CONSTANCE ATKINSON, M.B., Ch.B., D.P.H. *EDITH A. CUNLIFFE, M.B., Ch.B. W. S. HAYDOCK, B.A., M.D., B.Ch., B.A.O., D.P.H.
13	T. P. O'GRADY, M.B., B.Ch., B.A.O., D.P.H.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. *J. BROOKS, M.R.C.S., L.R.C.P., D.P.H. MARGARET A. FEENY, M.B., B.Ch., B.A.O., L.M., D.P.H.
14	E. TAYLOR, M.B., Ch.B., D.P.H.	G. FYFE, M.B., Ch.B., D.P.H. ISOBEL M. FYFE, M.B., Ch.B., D.P.H. T. A. PHILLIPS, M.B., Ch.B. FANNY STANG, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
15	A. V. STOCKS, M.A., M.B., B.Ch., D.P.H.	JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H. *R. GARDNER, M.R.C.S., L.R.C.P. HILDA M. LEVIS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. *A. E. WALL, M.B., Ch.B., D.P.H.
16	E. H. WALKER, M.B., Ch.B., D.P.H.	MARJORIE T. DARE, M.B., Ch.B. J. N. DOBSON, M.B., Ch.B., D.P.H. BARBARA M. KNIGHT, M.B., Ch.B., D.P.H. *BARBARA J. WALKER, M.B., Ch.B., D.C.H.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. P. V. CANT, M.B., Ch.B. W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H. MARY EVANS, M.B., Ch.B., D.P.H. *ELIZABETH C. SMITH, M.A., M.B., Ch.B., D.P.H.

\* Part-time.

## Principal School Dental Officer :

L. B. CORNER, L.D.S.

## Dental Officers :

R. ACKERS, L.D.S.  
 \*C. ALLMARK, L.D.S.  
 H. J. APPELYARD, L.R.C.P. & S., L.R.F.P.S., L.D.S.  
 T. N. ASHALL, L.D.S.  
 T. A. M. ASHMAN, L.D.S.  
 \*H. S. ASHWORTH, L.D.S.  
 \*J. BARCROFT, L.D.S.  
 \*J. BELL, L.D.S.  
 JOAN M. BULLOUGH, L.D.S.  
 \*A. E. BUTLER, L.D.S.  
 MARGARET E. CALDWELL, L.D.S.  
 R. V. CLARKE, L.R.C.P. & S., L.D.S.  
 G. H. CRAINE, B.D.S.  
 E. CROSBIE, L.D.S.  
 \*P. F. CUNNINGHAM, L.D.S.  
 F. J. W. DEWHURST, L.D.S.  
 G. ENTWISTLE, L.D.S.  
 A. P. FINLAY, L.D.S.  
 \*A. G. GREEN, L.D.S.  
 \*P. G. B. GRIFFIN, L.D.S.  
 \*R. HAWKSWORTH, L.D.S.  
 J. S. HIGHAM, B.D.S.  
 J. F. HIGSON, B.D.S.  
 \*N. P. HILTON, L.D.S.  
 \*A. HODGKINSON, L.D.S.  
 R. E. HODGSON, B.D.S.  
 L. A. JONES, L.D.S.

ANNELORE I. KURER, B.D.S.  
 \*BERYL LEVY, L.D.S.  
 W. A. LINNELL, L.D.S.  
 T. G. LLOYD, L.D.S.  
 CONSTANCE MARSDEN, L.D.S.  
 \*L. MASON, L.D.S.  
 \*A. B. MCHUGH, L.D.S.  
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 \*J. W. SIDEBOTTOM, L.D.S.  
 H. O. SILCOCK, L.D.S.  
 I. D. J. SMITH, L.D.S.  
 \*J. SMITH, L.D.S.  
 L. E. STIRZAKER, L.D.S.  
 \*A. D. TORRY, L.D.S.  
 H. V. O. TRENBATH, L.D.S.  
 A. C. WALKER, L.D.S.  
 \*F. WALLWORK, L.D.S.  
 \*E. B. WATSON, L.D.S.  
 \*T. B. WATSON, L.D.S.  
 \*T. K. WHITAKER, L.D.S.  
 T. H. WIGNALL, L.D.S.  
 \*W. A. WOLFENDALE, L.D.S.  
 BERTHA D. WORSWICK, B.D.S.  
 \*W. WRIGHT, L.D.S.

\* Part-time.

## Ophthalmic Surgeons (part-time) :

E. ALLEN, M.B., Ch.B.	J. N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
H. B. BARKER, M.B., B.S., M.R.C.S., L.R.C.P.	E. J. MITCHELL, M.B., Ch.B., D.O.
J. BERKSON, M.B., Ch.B., D.A., D.O.M.S.	J. M. MORRISON, M.B., Ch.B.
T. S. BLACKLIDGE, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.	D. PLUM, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
J. M. BRODRICK, M.R.C.S., L.R.C.P.	DOROTHY PURSER-SMITH, M.B., Ch.B.
T. CHADDERTON, M.R.C.S., L.R.C.P., D.O.M.S.	G. A. RENWICK, M.B., Ch.M.
C. M. GEDDIE, M.B., Ch.B.	R. S. RITSON, M.A., M.B., Ch.B.
L. B. HARDMAN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.	H. B. SMITH, M.B., B.Ch., B.A.O., M.Ch.(Ophth.), D.O.M.S.
H. C. KODILINYE, M.B., Ch.B., D.O.M.S., D.O.	S. B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.
MONICA LOW, M.R.C.S., L.R.C.P., D.O.M.S.	W. SYKES, L.R.C.P., L.R.C.S., L.R.F.P.S.
N. MACINNES, M.A., M.B., Ch.B.	H. V. WHITE, M.C., M.D., Ch.B., L.M.S.S.A.

## Consultant Obstetricians :

W. R. ADDIS, M.C., M.B., Ch.B., F.R.C.O.G.	P. MALPAS, M.B., Ch.M., F.R.C.S., L.R.C.P., F.R.C.O.G.
H. B. BAGSHAW, M.A., M.B., B.Chir., F.R.C.S., L.R.C.P., M.R.C.O.G.	DOREEN M. MARTIN, M.B., Ch.B., D.Obst.R.C.O.G.
W. N. CHISHOLM, M.B.E., M.B., Ch.B., D.Obst.R.C.O.G.	W. M. MARTIN, M.C., M.D., Ch.B., D.Obst.R.C.O.G., D.P.H.
R. H. J. M. CORBET, M.B., B.Ch., M.A.O., F.R.C.S., F.R.C.P., F.R.C.O.G.	MARY H. MAYEUR, M.D., B.S., F.R.C.S., M.R.C.O.G.
H. V. CORBETT, M.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.	G. MILLINGTON, M.B., Ch.B., M.R.C.O.G.
MARY EVANS, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P., M.R.C.O.G.	ELEANOR M. MILLS, M.B., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G.
R. EVERETT, M.B., Ch.B., F.R.C.S., F.R.C.O.G.	W. A. ROBSON, M.B., Ch.B., M.R.C.O.G.
F. R. FAUX, M.B., Ch.B.	G. R. STONEHAM, M.B., Ch.B., F.R.C.O.G.
R. L. HARTLEY, M.D., Ch.B., F.R.C.S., M.R.C.O.G.	LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
H. C. HASLAM-FOX, M.B., Ch.B.	W. EWART C. THOMAS, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., M.R.C.O.G.
S. B. HERD, M.D., Ch.B., F.R.C.O.G.	H. S. WATERS, M.A., M.B., B.Chir., F.R.C.S., F.R.C.O.G.
E. HOLMES, M.B., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G.	J. H. YOUNG, M.D., Ch.B., D.T.M. & H., D.Obst.R.C.O.G.
T. E. LENNON, M.D., Ch.B., M.R.C.O.G.	

## Chief Lay Administrative Officer :

F. V. ROBINSON

## Welfare Services Organiser :

(Vacant)

## Ambulance Service Organiser :

T. PEARSON

## County Sanitary Officers :

J. C. ALMOND      J. ECKERSLEY      T. PICKERING      D. B. SOUTHWORTH  
AND 4 ASSISTANT COUNTY SANITARY OFFICERS.

## Supervisor of Midwives :

Miss V. R. SHAND

AND 2 ASSISTANT SUPERVISORS

## Superintendent School Nurse and Health Visitor :

(Vacant)

4 ASSISTANT SUPERINTENDENTS

## Superintendent of Home Nurses :

Miss L. JONES

AND 5 ASSISTANT SUPERINTENDENTS

\*251 Health Visitors/School Nurses.  
33 Tuberculosis Health Visitors.  
184 Midwives.  
236 Home Nurses.  
69 Nurse/Midwives.  
4 Nurses (Combined duties).  
56 Matrons of Day Nurseries.

17 Divisional Ambulance Superintendents.  
27 Duly Authorised Officers.  
13 Female Mental Health Workers.  
16 Home Help and Welfare Organisers.  
41 Home Teachers of the Blind.  
10 Supervisors of Occupation Centres.  
33 Wardens of Hostels and  
other Accommodation for the Aged and Infirm.

\* Includes 19 engaged in school nursing only.

## County Analyst :

G. H. WALKER, Ph.D., B.Sc., F.R.I.C.



# MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1953

*To the Chairman and Members of the Lancashire County Council.*

I have the honour of presenting for your consideration the sixty-fifth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1953, together with the vital statistics relative to that period.

The estimated population of the Administrative County for the year at 2,044,400 showed the largest natural increase (i.e., excess of live births over deaths) since 1949, namely 5,311. The net increase after accounting for migration was 2,400 over the figure for the previous year.

The Census 1951 enumeration, published in 1954, revealed that, whilst there was virtually no difference in the sex distribution of the population as compared with previous census reports since the beginning of the present century, the change in the age constitution is very striking, as is graphically depicted on page 13. Fifty years ago, persons aged less than 20 years formed almost 42 per cent. of the population and those over 60 years 6·2 per cent. In 1951, the former had decreased to 27·7 per cent. whilst the latter had risen to over 16 per cent., the average age of the total population showing an increase of over nine years.

For the first time since the post-war peak year of 1947 an increase in the number of live births was recorded, the figure of 30,192 being 905 more than in the previous year and giving a crude birth-rate of 14·77 per 1,000 population—the highest rate since 1950, but, even after adjustment for age and sex constitution of the population, still 0·4 per 1,000 below the rate for the whole country.

Once again there was a decrease in the number of deaths from all causes, the figure of 24,881—111 fewer than in 1952—being the lowest since 1948. The resultant crude death-rate of 12·17 per 1,000 population was, with the exception of that for 1948, the lowest recorded since 1934.

The ageing population is reflected in the mortality figures, almost 36 per cent. of all deaths being of persons aged 75 years or more, with consequent reduced proportions in the younger age groups. It also governs the relative order of frequency of the principal causes of death. Thus, heart disease in all its forms was again the major cause, accounting for 33·5 per cent. of all deaths, followed by cancer which was responsible for almost 17 per cent. and by vascular lesions of the central nervous system in turn responsible for over 14 per cent.

One of the results of modern therapeutics, with the use of powerful antibiotic drugs, has been the relegation of pneumonia from its place high on the list as a cause of death. This has an important significance in public health in that many of those in the older age groups who might at one time have succumbed to pneumonia recover to become potential victims of the cardiovascular degenerations or cancer. As these latter afflictions are apt to pursue a slow course and result in much sickness of a chronic nature, problems of hospital and home care necessarily become more formidable and complex. Indeed with more and more people attaining old age the prevention or control of degenerative diseases becomes an outstanding epidemiological problem. Further reference is made below to this subject as it affects the County Council in relation to the domiciliary services.

The infant mortality rate of 29 per 1,000 live births produced by the 880 infant deaths registered equalled the low record achieved in 1951 and was five per 1,000 less than the average rate for the previous five years.

For the first time since the war the number of domiciliary births attended by district midwives and nurse/midwives showed an increase over the previous year. In all, 9,467 births were attended by the County Council's staff, representing 99 per cent. of all domiciliary births. There was a check in the decline which has been noted since the inception of the National Health Service in the proportion of domiciliary births to institutional births assignable to the County area, the domiciliary births representing 30·7 per cent. of all births in 1953 as compared with 30·5 per cent. in 1952. All County Council midwives with the exception of four are now qualified to administer gas/air analgesia.

The health visiting staff again carried out a full programme of work. First visits to expectant mothers and children under one year of age and visits to children between one and five years were appreciably greater than in 1952, but the greatest proportionate increase was in relation to adults, most of them aged and infirm, nearly twice as many visits being made to them in 1953 as in 1952.

To some it may appear that the early aim of the health visiting service, i.e., the reduction of infant mortality, has proceeded far towards realisation, but a further and even greater task continues to require full scale and energetic action, namely the promotion of the greatest measure of health in childhood. The key to child health is in the homes of the people and the most effective method of promoting child health lies in the education of the mothers in child care. This is a continuous task but is the most rewarding form of preventive work. It is not only the best means of promoting development of the child into a healthy and stable adult but also provides a practical approach to such social problems as child neglect and problem families.

The health visitor has now extended the sphere of her work to include the whole family and much attention has been devoted in the health divisions to the development of schemes whereby her experience and training may be used in after-care schemes for children and adults discharged from hospital. The important requirement is a closer link between the health visitor and the family doctor—a matter which is receiving consideration in all areas. In the care of the aged too she is able to play a valuable part. She could with advantage work in close association with the voluntary visitors where schemes are operating. Unfortunately, the recruitment of health visitors still continues to be difficult. By virtue of her special training and especially by the fact that she is a fully qualified nurse there can be no doubt as to the value of the health visitor in the care of the aged at home where questions of health and medical and nursing care are virtually daily problems.



Both the number of cases attended by home nurses and the number of visits made to cases were the highest since the service became the responsibility of the County Council in 1948, although the average number of visits per case was fractionally less than in the previous year. It is certain that the home nursing service will need further strengthening from time to time. This is the most economical way of meeting the needs of the chronic sick and ageing who do not require hospital treatment, and should be developed as far as practicable.

In the care of people in their own homes, the home help service is now well established as a necessary and integral part of the health service. In Lancashire the service is a popular one and the part played by the home help organisers in apportioning the help available to those in real need is an important and exacting one calling for a clear appreciation of household management and much experience. It is pleasing to report, therefore, that the Council's scheme has operated smoothly throughout the year. The night attendance service, which the County Council initiated for the benefit of those households where special difficulties arise, though limited in extent has proved to be of great value and has provided support and relief for many households in distress. The indications are that this service may need to be expanded especially in those areas where there are difficulties over the admission of the chronic sick to hospital. The recruitment of suitable persons willing to undertake this work is, however, not easy.

Five additional hostels for the aged and infirm with accommodation for 169 cases were opened during the year. Building was commenced on a new 50-place hostel, whilst the conversion of three other premises was under active preparation. Negotiations were also well advanced at the end of the year for the acquisition of two further properties for conversion to hostels. Continued progress was made in the policy of improving the accommodation allocated to the County Council at former Public Assistance Institutions.

Reference has already been made to certain aspects of the problem of home care for the chronic sick and the aged. The problem is a formidable one and calls for team work of the highest order between all engaged in caring for these persons. A considerable amount of thought was given during the year to administrative aspects of the problem and a special sub-committee was set up to consider ways and means of promoting liaison between all bodies concerned, both statutory and voluntary.

The 1,376 cases of food poisoning notified or ascertained during investigation was the highest number recorded during any post-war year. The largest outbreak, attributable to salmonella bovis-morbificans through the medium of meat pies, involved 801 individuals, four of whom died, and covered no less than 26 County districts.

Two cases of smallpox occurred in 1953 as compared with 19 in the previous year. They were both of the severe eastern type and one of the cases died. A new low record was achieved in the number of cases of diphtheria, only 18 notifications being received.

The 132 confirmed cases of acute poliomyelitis were more than double those in 1952 and were, in fact, more than the average for the previous five years. Fifty-eight of the 109 County districts were, however, entirely free from the disease throughout the year. The ratio of paralytic to non-paralytic cases was almost 3 : 1. The deaths ascribed to this disease numbered eight—the same as in 1952. Contrary to the usual experience, the majority of the deaths occurred in children under 15 years of age.

Mortality from respiratory tuberculosis continued its steady decline, the number of deaths being 361 or 53 fewer than in 1952. The resultant death-rate per 1,000 estimated population was 0.18—the lowest rate ever recorded in the County statistics. Non-respiratory deaths, too, decreased from 63 to 42—the lowest number ever recorded, giving a new low record mortality rate of 0.02 per 1,000 population.

Though mortality from respiratory tuberculosis steadily decreased the same cannot be said about the notifications. With the exception of that for 1951, the number of cases of respiratory tuberculosis notified, viz., 1,753 was the highest recorded since 1927, being 41 more than in 1952. The resultant case-rate per 1,000 estimated population was 0.86 or 0.02 greater than in the previous year. The cause of this rather disconcerting trend might be due to one or more of several factors. It is possible that the notification rate to-day reflects more thorough and earlier case finding and that present diagnostic procedures are bringing to light cases which formerly might have gone undetected. On the other hand, the remarkable efficacy of the new drugs and therapy have resulted in many more tuberculous subjects remaining alive with a consequent increase in the number of potential disseminators of the disease. In the Administrative County the absorption of overspill populations has also had an effect on the notification rate.

In any event it is clear that the established and well-proven preventive measures, which include examination of contacts and the tracing back of sources of infection, must still be vigorously practised. Close co-operation by all three branches of the National Health Service remains very necessary.

In this introduction it is possible to comment on a few only of the subjects which have engaged the attention of the respective Committees throughout the year under review and to which reference is made in the body of the report. In all it is felt that the County Council may find reasonable cause to be satisfied with the results of their policies and with the progress made.

In conclusion I would like to acknowledge the able and conscientious way in which the staff, both central and divisional, have again carried out their duties and to express to the members of the County Council the appreciation of the Department for the interest they have shown in its work. My special thanks are once again due to the Public Health and Housing Committee and to the Health Committee for their support and encouragement.

I am, Ladies and Gentlemen,  
Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,  
East Cliff County Offices,  
PRESTON.

September, 1954.



## STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

**Physical features and general character of the County.**—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County, the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts, varying between 10 and 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistون Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to more than 2,500 feet. The highest point south of Morecambe Bay is at Greycarth, Leek, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistون (the third largest lake in England) and Esthwaite. Two-thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The county can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas—the latter naturally being almost coterminous with the Lancashire coalfield. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred around engineering and allied trades, textile works, mining and quarrying.

**Area of Administrative County.**—The area of the Administrative County as constituted on the 31st December, 1953, was 1,035,680 statute acres. No change of boundary affecting the County area took place during the year.

The acreage of each County district, compiled in accordance with the Registrar-General's Census of England and Wales, 1951 (County Report—Lancashire), and incorporating any subsequent boundary changes, is given in Table 2, pages 134 to 141.

**Population of Administrative County.**—REGISTRAR-GENERAL'S ESTIMATE, MID-1953.—The Registrar-General's estimate of the home population of the Administrative County at the 30th June, 1953, was 2,044,400, an increase of 2,400 over the estimate for the previous year. In aggregate this increase occurred entirely in the rural districts, where the estimated mid-1953 home population of 314,900 was 2,900 more than the mid-1952 estimate. For the aggregate urban districts, including municipal boroughs, the estimate of 1,729,500 was 500 less than that for 1952.

Compared with the Census, 1951, enumeration, particulars of which are given below, the mid-1953 estimate for the Administrative County showed no significant change, but that for the aggregate rural districts represented an increase of 2·8 per cent. and that for the urban districts a decrease of 0·5 per cent.

Estimates of home population include members of the armed forces stationed in the area and merchant seamen whether at home or overseas, but exclude members of the armed forces stationed outside England and Wales and non-civilians of foreign countries, Dominions, etc., temporarily in this country.

The *natural* increase in the population of the Administrative County, i.e., the excess of live births over deaths, was 5,311, the largest recorded since 1949. It appears, therefore, that between mid-1952 and mid-1953 the Administrative County suffered a net loss by migration of some 3,000 persons.

Table 2, pages 134 to 141, shows the estimated home population of each County district as at the 30th June, 1953, together with the Census, 1951, enumerations according to the final County Report as adjusted for all subsequent boundary alterations.

**CENSUS, 1951—COUNTY REPORT.**—*Inter-censal Movements.*—The County Report for Lancashire on the Census, 1951, enumeration was published by the Registrar-General in May, 1954. The enumeration showed the Administrative County to have at the time of the census a population of 2,047,573, or 1,116 more than the figure published in the Preliminary Report in June, 1951. Compared with the Census, 1931, population, related as nearly as possible to the same area, this shows an increase of 267,764 persons, equal to 15·0 per cent. of the 1931 total. The corresponding increase for England and Wales, according to the Preliminary Report, was 9·5 per cent.

The populations of the total urban districts, including municipal boroughs, and of the total rural districts were 1,738,047 and 309,526 respectively, as compared with 1,564,210 and 215,599 at the Census, 1931. The increases during the inter-censal period therefore amounted to 11·1 per cent. and 43·6 per cent. respectively of the corresponding 1931 figures. The proportion of the total population in the aggregate urban districts of the County had declined from 87·9 per cent. to 84·9 per cent. since 1931 and in the rural districts the complementary increase had raised the proportion from 12·1 per cent. to 15·1 per cent.



Of the 109 districts in the Administrative County area 64, including all but one of the rural districts, showed an increase in population since the previous census. The most outstanding change was in Huyton-with-Roby U.D., where the inter-censal increase amounted to 973·2 per cent. of the 1931 population.

The following are the County districts showing the greatest proportionate increase in population during the inter-censal period. The contributions to this increase by the net effect of the births and deaths assigned to each area and by the balance of other factors, mainly migration, are also given. In certain instances where there was a natural decrease involved, i.e., where there was an excess of deaths over births, this negative contribution is indicated.

District	Increase or decrease (—) (per cent.) 1931-1951			District	Increase or decrease (—) (per cent.) 1931-51		
	Total	By births and deaths	Bal- ance		Total	By births and deaths	Bal- ance
Huyton-with-Roby U.D.....	973·2	170·4	802·8	Morecambe & Heysham M.B. ....	50·8	—12·4	63·2
Warrington R.D. ....	146·7	21·1	125·6	Thornton Cleveleys U.D. ....	50·0	— 6·7	56·7
Whiston R.D. ....	117·3	21·3	96·0	Poulton-le-Fylde U.D. ....	49·7	— 0·5	50·2
Droylsden U.D. ....	97·6	23·9	73·7	Audenshaw U.D. ....	49·6	— 8·9	40·7
Urmston U.D. ....	79·4	18·0	61·4	Fulwood U.D. ....	48·5	— 5·1	53·6
Fylde R.D. ....	76·2	10·7	65·5	Denton U.D. ....	47·3	— 8·8	38·5
West Lancashire R.D. ....	69·2	15·2	54·0	Prestwich M.B. ....	44·3	— 6·8	37·5
Kirkham U.D. ....	68·2	8·7	59·5	Preston R.D. ....	44·2	—10·3	33·9

The districts showing the most marked proportionate diminution in population were:—

District	Increase or decrease (—) (per cent.) 1931-51			District	Increase or decrease (—) (per cent.) 1931-51		
	Total	By births and deaths	Bal- ance		Total	By births and deaths	Bal- ance
Trawden U.D. ....	—17·1	— 6·8	—10·3	Colne M.B. ....	—13·6	— 2·5	—11·1
Church U.D. ....	—16·0	— 1·9	—14·1	Mossley M.B. ....	—13·5	— 0·1	—13·4
Great Harwood U.D. ....	—16·0	— 2·3	—13·7	Haslingden M.B. ....	—12·8	— 5·7	— 7·1
Crompton U.D. ....	—14·9	0·0	—14·9	Blackrod U.D. ....	—12·4	— 4·5	—16·9
Oswaldtwistle U.D. ....	—14·7	— 3·1	—11·6	Lees U.D. ....	—12·2	— 1·5	—10·7
Darwen M.B. ....	—14·4	— 4·7	— 9·7	Rishton U.D. ....	—12·2	— 1·0	—11·2
Clayton-le-Moors U.D. ....	—13·7	— 2·0	—15·7	Royton U.D. ....	—11·4	— 0·6	—12·0
Padiham U.D. ....	—13·7	— 1·8	—11·9	Rawtenstall M.B. ....	—11·0	— 2·4	— 8·6
				Whitworth U.D. ....	—11·0	— 0·1	—11·1

It is apparent that for most of the County districts migration was the dominant factor determining the size of the population changes which occurred. The outward net migration movements of many of the industrial areas not listed above were even greater than the total change in their populations since, in most instances, there had been an excess of births over deaths during the period. On the other hand, in some of the coastal urban areas, where births were exceeded by deaths, the net inward migration which occurred is understated by the total population changes, as a reference to the above figures for Morecambe and Heysham M.B., Thornton Cleveleys U.D. and, to a small extent, Poulton-le-Fylde U.D. shows.

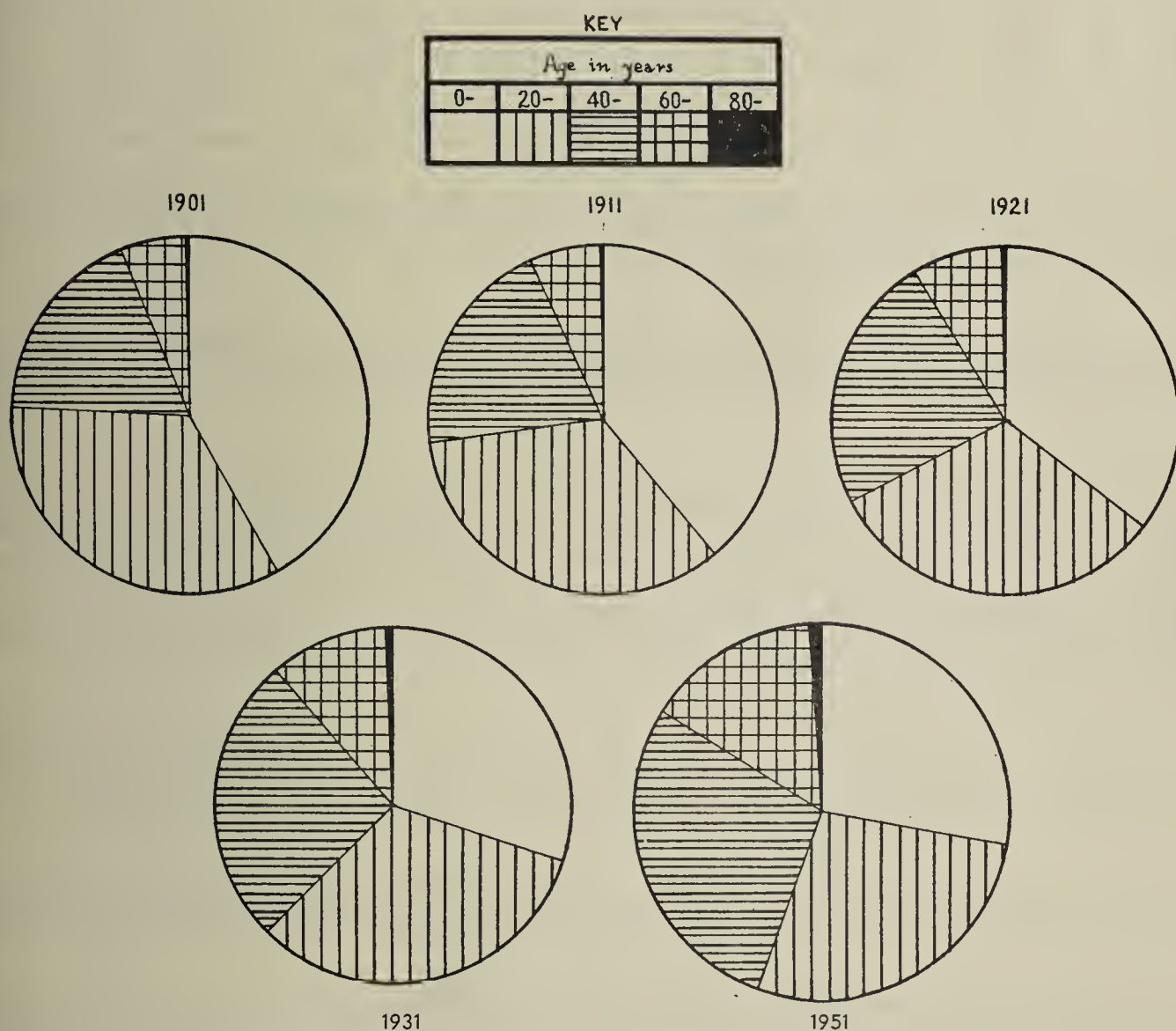
The striking geographical relationship of the above districts was commented upon in the Health Report for 1951 in a short reference to the Preliminary Census Report. It will be seen that those districts showing a marked decrease in population lie, with only one or two exceptions, in the eastern half of the County whilst those showing a proportionate increase considerably higher than that of the Administrative County as a whole are to be found in the western coastal areas, with the exception of certain districts adjacent to Manchester C.B. Whilst the loss of population sustained by east Lancashire is no doubt reflected in some degree in the large increases in the west of the County, a further factor affecting the latter has been the transference of large numbers of people from the County Boroughs to adjacent County districts. Of the 17 County Boroughs no less than 12 showed population decreases during the inter-censal period and only one, Blackpool C.B., showed an increase proportionately greater than that of the Administrative County. Although the proportionate inter-censal increase due to excess of births over deaths was greater in the aggregate County Boroughs (6·3 per cent.) than in the Administrative County (5·2 per cent.), the loss by migration, etc., represented for the former a decrease of 12·1 per cent., leaving a net inter-censal decrease of 5·8 per cent. A considerable part of this emigration was absorbed by the Administrative County where the proportionate inter-censal increase due to migration, etc., amounted to 9·8 per cent. to give a total net increase of 15·0 per cent. for the period. Viewing the area as a whole, however, i.e., the Administrative County together with the associated County Boroughs, the migratory process resulted in a loss of 4·4 per cent. which, set against an inter-censal increase of 5·9 per cent. due to excess of births over deaths, left an addition to the population representing only 1·5 per cent. of the 1931 figure.

*Sex Distribution.*—The sex distribution of the population of the Administrative County at the time of the Census, 1951, was virtually the same as at the first census of the present century, 1901. Males amounted to 47·8 per cent. of the population and females 52·2 per cent. At the 1911 Census the proportion of males had risen slightly to 48·0 per cent. By 1921 it had fallen to 47·5 per cent. and this proportion was again recorded at the Census of 1931.

*Age Distribution.*—The census account of the age distribution of the population has served to provide a more accurate statement of a generally known fact—that the population in aggregate is growing older. At the Census of 1901, the average age of the population of the Administrative County was 27·0 years and it increased progressively at each subsequent census to 28·5 years in 1911, 30·9 years in 1921 and 33·4 years in 1931. The Census of 1951 saw a further rise to 36·3 years so that, during the first half of the present century, the average age of the population of the Administrative County has increased by 9·3 years.

In 1951, persons aged less than 20 years amounted to 27·7 per cent. of the population, as compared with 30·0 per cent. at the previous Census of 1931 and 41·9 per cent. in 1901. On the other hand, the respective proportions of persons aged 60 years or more were 16·2 per cent., 11·3 per cent. and 6·2 per cent.

A clearer appreciation of this process may be had by reference to the following diagrams which show, for each census of this century, the proportionate distribution of the population of the Administrative County in twenty-year age periods.



The proportions represented in the above diagrams are shown in the following table as percentages of the appropriate census population, which is also given:—

Age in years	1901	1911	1921	1931	1951
0—	41·9	38·9	35·3	30·0	27·7
20—	33·8	33·9	31·9	32·6	27·8
40—	18·1	20·2	24·0	26·1	28·4
60—	5·9	6·7	8·3	10·7	15·0
80—	0·3	0·3	0·4	0·5	1·2
Total population .....	1,827,436	1,739,320	1,746,238	1,795,073	2,047,573



The table below sets out, in five-year groups, the age/sex distribution of the population of the Administrative County, the aggregate urban districts (including municipal boroughs) and the aggregate rural districts at the time of the Census, 1951.

Age last birthday	Administrative County			Urban Districts			Rural Districts		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
All ages	2,047,573	979,471	1,068,102	1,738,047	823,366	914,681	309,526	156,105	153,421
0-4	168,832	86,380	82,452	144,388	73,918	70,470	24,444	12,462	11,982
5-9	145,247	74,173	71,074	123,294	62,906	60,388	21,953	11,267	10,686
10-14	130,174	66,241	63,933	110,400	56,059	54,341	19,774	10,182	9,592
15-19	122,000	60,877	61,123	99,514	47,202	52,312	22,486	13,675	8,811
20-24	128,384	63,676	64,708	105,814	50,168	55,646	22,570	13,508	9,062
25-29	145,409	71,810	73,599	123,865	60,777	63,088	21,544	11,033	10,511
30-34	138,776	67,145	71,631	117,796	56,571	61,225	20,980	10,574	10,406
35-39	156,089	75,675	80,414	131,925	63,648	68,277	24,164	12,027	12,137
40-44	164,062	80,191	83,871	138,966	67,555	71,411	25,096	12,636	12,460
45-49	156,445	76,362	80,083	133,646	64,984	68,662	22,799	11,378	11,421
50-54	139,895	64,716	75,179	120,000	55,374	64,626	19,895	9,342	10,553
55-59	121,112	53,784	67,328	104,320	46,138	58,182	16,792	7,646	9,146
60-64	106,435	46,316	60,119	91,631	39,718	51,913	14,804	6,598	8,206
65-69	88,948	37,576	51,372	76,321	32,037	44,284	12,627	5,539	7,088
70-74	69,139	28,437	40,702	59,308	24,243	35,065	9,831	4,194	5,637
75-79	42,385	17,299	25,086	36,368	14,729	21,639	6,017	2,570	3,447
80-84	17,901	6,768	11,133	15,232	5,686	9,546	2,669	1,082	1,587
85-89	5,322	1,765	3,557	4,425	1,433	2,992	897	332	565
90-94	906	248	658	748	200	548	158	48	110
95 and over	112	32	80	86	20	66	26	12	14

*Private and Non-private Households.*—Private households enumerated in the Administrative County at the Census, 1951, totalled 621,987, with a population of 1,964,104, or 3·2 persons per household. These represented 95·9 per cent. of the total population.

In 472,774 or 76·0 per cent. of the private households the head was stated to be married. In other words, approximately one in every four private households was headed by a single, widowed or divorced person.

The remaining 83,469 persons, or 4·1 per cent. of the population enumerated, comprised 10,998 (0·5 per cent.) in hotels, boarding-houses, permanent holiday camps, etc., 5,758 (0·3 per cent.) in educational establishments and children's homes, 11,684 (0·6 per cent.) in civilian hospitals and nursing homes, 19,948 (1·0 per cent.) in institutions for the mentally ill or deficient, 4,003 (0·2 per cent.) in homes for the permanently disabled or aged, 20,829 (1·0 per cent.) in various defence establishments including naval ships and service hospitals, 8,347 (0·4 per cent.) in miscellaneous communal establishments, 1,709 (0·1 per cent.) in civilian ships, boats and barges, and 193 (0·0 per cent.) who were persons detained in such places as borstals and police stations, campers, vagrants, etc.

*Adjusted Census Population.*—The Census, 1951, population of the Administrative County in terms of its geographical constitution at the 31st December, 1953, i.e., adjusted in accordance with alterations of boundaries since the Census, was 2,043,950 (urban districts 1,737,767, rural districts 306,183).

Table 2, pages 134 to 141, shows the Census, 1951, enumeration of each County district as adjusted for subsequent boundary alterations, together with the estimated home population as at the 30th June, 1953.

*Average Densities.*—The following table gives the area, population, persons per acre, and acres per person of the Administrative County as constituted on the 31st December, 1953, distributed among the non-county boroughs, urban and rural districts:—

	Area in acres, 31.12.1953	Population		Persons per acre	Acres per person
		Census, 1951	Estimated home population, mid-1953		
				Calculated on estimated home population	
Municipal Boroughs (26) .....	123,682	884,824	875,090	7·08	0·14
Urban Districts (68) .....	248,847	852,943	854,410	3·43	0·29
Rural Districts (15) .....	663,151	306,183	314,900	0·47	2·11
Administrative County (109).....	1,035,680	2,043,950	2,044,400	1·97	0·51

## VITAL STATISTICS

**Summary of Vital Statistics, 1889-1953.**—The following table compares the County birth and death-rates for the year 1953 with the previous year, and with the 64 years, 1889-1952, grouped in quinquennial periods:—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 <i>total</i> (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	†Death-rate from cancer		
Mean of 5 years—						
1889-1892 (4 years) .....	30.60	19.02	*1.06	—	—	154
1893-1897 .....	29.42	18.03	1.25	—	—	161
1898-1902 .....	26.98	16.58	1.04	—	—	161
1903-1907 .....	25.32	14.82	0.89	0.66	—	138
1908-1912 .....	23.11	13.96	0.85	0.77	—	122
1913-1917 .....	19.75	14.35	0.93	0.99	—	110
1918-1922 .....	18.90	13.91	0.82	1.11	—	91
1923-1927 .....	15.98	12.44	0.66	1.25	—	79
1928-1932 .....	13.99	12.58	0.57	1.43	—	70
1933-1937 .....	13.39	12.78	0.47	1.54	4.98	62
1938-1942 .....	14.70	13.00	0.42	1.65	3.33	56
1943-1947 .....	18.29	12.97	0.39	1.85	1.98	48
1948-1952 .....	15.43	12.68	0.28	1.92	0.91	34
Year—						
1952.....	14.33	12.23	0.20	2.01	0.80	30
1953.....	14.77	12.17	0.18	2.04	1.26	29
Increase or decrease in 1953 on—						
Mean of 5 years, 1948-52	— 0.66	— 0.51	— 0.10	+ 0.12	+ 0.35	— 5
Previous year.....	+ 0.44	— 0.06	— 0.02	+ 0.03	+ 0.46	— 1

\* Three years. † Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

*Note :* The death-rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, i.e., they are neither "standardised" nor "corrected".

**Births and Birth-rates.**—**LIVE BIRTHS.**—The number of live births registered during the year ended 31st December, 1953, and belonging to the Administrative County—i.e., after accounting for inward and outward transfers—was 30,192, an increase of 905 over the figure for the previous year. This was the first annual increase recorded since 1947, the post-war peak year when 40,137 live births, 9,945 more than in the year under report, were registered.

The sex distribution of the children born alive during 1953 is shown below, together with comparative figures for each of the previous post-war years.

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1946	15,899	14,966	30,865	2,374	2,225	4,599	18,273	17,191	35,464
1947	18,083	17,068	35,151	2,564	2,422	4,986	20,647	19,490	40,137
1948	15,446	14,617	30,063	2,302	2,196	4,498	17,748	16,813	34,561
1949	14,297	13,686	27,983	2,232	2,092	4,324	16,529	15,778	32,307
1950	13,685	12,852	26,537	2,184	2,097	4,281	15,869	14,949	30,818
1951	13,131	12,474	25,605	2,163	2,033	4,196	15,294	14,507	29,801
1952	12,927	12,154	25,081	2,174	2,032	4,206	15,101	14,186	29,287
1953	13,373	12,423	25,796	2,296	2,100	4,396	15,669	14,523	30,192

The excess of live births over deaths in the Administrative County in each of the 10 years, 1944-53, is shown below. An increase of more than nine hundred live births in 1953 as compared with 1952, and a reduction in total deaths of more than one hundred, enabled a further improvement to be recorded in this respect during the year under report.

*Excess of births over deaths:*

Year 1944 .....	10,655	Year 1949 .....	6,605
„ 1945 .....	6,411	„ 1950 .....	4,533
„ 1946 .....	11,179	„ 1951 .....	1,531
„ 1947 .....	14,623	„ 1952 .....	4,295
„ 1948 .....	10,992	„ 1953 .....	5,311



The number of registered births in each municipal borough, urban and rural district, together with the corresponding birth-rates, is given in Table 2, pages 134 to 141.

The 30,192 live births credited to the Administrative County represent a crude birth-rate of 14·77 per 1,000 of the estimated home population, an increase of 0·44 per thousand over the rate for the previous year. The rate for the total urban districts, including municipal boroughs, in 1953 was 14·92 and that for the rural districts 13·96.

As a matter of interest the crude live birth-rates of the Administrative County, the total urban districts and the total rural districts for each of the last 65 years and for the quinquennial periods are given in Table 1 on page 133.

The movement of the County, urban and rural birth-rates during the 10 years, 1944 to 1953, is shown in the table below. The rates for England and Wales are also given, but it must be pointed out that those for the local areas for the years 1944 to 1948 inclusive are crude rates based on estimated civilian populations and are therefore not strictly comparable throughout the period covered by the table either with each other or with the rates for the country as a whole. The rates for 1949 onwards are based on estimated home populations and for 1950 onwards it is possible also to record adjusted birth-rates which are comparable with each other and with those for England and Wales.

	Live birth-rate per 1,000 of the estimated population*									
	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Urban Districts .....	18·65	16·63	18·63	20·87	17·48	16·13	† { 15·22 15·37	14·79 14·94	14·50 14·64	14·92 15·06
Rural Districts .....	18·61	16·50	17·09	18·12	15·64	14·39	† { 14·09 15·22	13·56 14·64	13·40 15·01	13·96 15·63
Administrative County .....	18·64	16·62	18·42	20·48	17·21	15·87	† { 15·06 15·36	14·61 14·90	14·33 14·61	14·77 15·06
England and Wales .....	19·8	17·8	20·2	21·1	18·1	16·7	15·9	15·5	15·3	‡15·5

\* 1944-48, estimated civilian: 1949-53, estimated home.

† Lower figure is adjusted rate. See following paragraphs.

‡ Provisional figure.

As will be seen from the above table, it is usual for the rate for the Administrative County to be below that for England and Wales, the crude rate for 1953 being 0·7 per 1,000 less than the provisional rate for the whole country. However, the County adjusted rate, mention of which is made in the following paragraphs, reduces the difference to 0·4 per thousand.

ADJUSTED BIRTH-RATES.—Local birth-rates are usually expressed in terms of proportions of populations. These populations are estimated by the Registrar-General and comprise persons of all ages, including many who quite obviously have no influence on the reproductive process. These latter do, however, affect the birth-rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. Considerable variation in the size of this proportion in different areas exists and it is therefore apparent that the elimination or standardisation of such a factor enables a truer comparison, between areas, of those influences having a direct bearing upon reproductivity.

A result on these lines is obtained through the issue by the Registrar-General of a comparability factor for each area for use with birth-rates. The adjusted birth-rate resulting from the multiplication of the crude birth-rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales, inasmuch as such a comparison reflects differences only in the intensity of the influences operating on the reproductive process.

The factor for the Administrative County in 1953 was 1·02, for the aggregate of urban districts 1·01 and for the rural districts 1·12. The effect of these factors on the 1953 crude live birth-rates is shown below:—

	Administrative County	Urban Districts	Rural Districts
	Per 1,000 of estimated population		
Crude rates .....	14·77	14·92	13·96
Adjusted rates .....	15·06	15·06	15·63

The comparability factor for each County district is given in Table 3, page 142.

ILLEGITIMATE LIVE BIRTHS.—The number of births of illegitimate children belonging to the Administrative County and registered during 1953 is shown below, together with that for each of the previous post-war years.

Year	No. of illegitimate live births	Decrease on previous year	Percentage decrease on previous year	Percentage of total live births
1946	1,872	310	14·2	5·27
1947	1,616	256	13·6	4·02
1948	1,473	143	8·8	4·26
1949	1,291	182	12·4	4·00
1950	1,154	137	10·6	3·74
1951	1,119	35	3·0	3·75
1952	1,109	10	0·9	3·79
1953	1,056	53	4·8	3·50



The table shows that whilst the annual number of illegitimate live births declined steadily after the war, the proportion they represented of the total live births tended to rise again in 1951 and 1952. In 1953, however, the proportion fell to 3.50 per cent., the lowest recorded during the post-war period. This was, nevertheless, still somewhat higher than the proportion for the last complete pre-war year, 1938, and the average of the preceding five years, 1933-37, viz., 3.23 per cent. in both instances.

**STILLBIRTHS.**—The number of registered stillbirths assigned to the Administrative County during 1953 was 765, an increase of 13 over the total for the previous year. The resultant rate was, for the seventh successive year, 25 per 1,000 total (live and still) births, the lowest figure ever recorded in the County. The rate for England and Wales, after remaining at 23 per thousand for the past five years, was provisionally 22.4 in 1953. Expressed per 1,000 of the estimated population the stillbirth rate for the Administrative County was 0.37 and that for the whole country 0.35.

The local variation in the stillbirth rates in the Administrative County area is shown in Table 2, pages 131 to 141.

**Deaths and Death-rates.**—Throughout this report mortality statistics for the years 1940 to 1949 inclusive relate to civilians only, and this should be borne in mind in considering the following tables.

The total number of deaths assigned to the Administrative County for the year ended 31st December, 1953—i.e., after correction for inward and outward transfers—was 24,881, a decrease of 111 as compared with the total for the previous year. This was the lowest figure recorded during the past four years of combined civilian and non-civilian mortality statistics.

The sex distribution of the persons dying during 1953 is shown below, together with that for each of the preceding five years:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1948	10,642	9,999	20,641	1,551	1,377	2,928	12,193	11,376	23,569
1949	11,360	11,202	22,562	1,601	1,539	3,140	12,961	12,741	25,702
1950	11,462	11,518	22,980	1,700	1,605	3,305	13,162	13,123	26,285
1951	12,477	12,153	24,630	1,866	1,774	3,640	14,343	13,927	28,270
1952	11,200	10,687	21,887	1,616	1,489	3,105	12,816	12,176	24,992
1953	10,781	10,558	21,339	1,835	1,707	3,542	12,616	12,265	24,881

The following table shows, in age periods, the deaths in 1953 and in each of the previous ten years:—

Year	Deaths in age periods								Total
	0—	1—	5—	15—	25—	45—	65—	75—	
1943	1,735	409	304	2,308		6,429	13,341		24,526
1944	1,594	337	338	2,118		6,223	13,003		23,613
1945	1,525	324	293	2,007		6,241	13,654		24,044
1946	1,664	250	210	2,047		6,206	13,908		24,285
1947	1,891	285	213	1,990		6,216	14,919		25,514
1948	1,387	257	189	1,761		6,018	13,957		23,569
1949	1,239	253	169	1,737		6,392	15,912		25,702
1950	1,004	218	158	271	1,357	6,465	7,637	9,175	26,285
1951	870	192	142	241	1,349	6,845	8,482	10,149	28,270
1952	887	146	131	192	1,188	6,169	7,386	8,893	24,992
1953	880	177	123	189	1,156	6,218	7,215	8,923	24,881

The main features of the table are the decline throughout the period of deaths at ages under 45 years and the increase in deaths of persons aged 65 years or more. In 1953 the deaths of children under 15 years of age amounted to 4.7 per cent. of the total deaths, and of this proportion 3.5 per cent. was contributed by deaths of infants aged less than one year. The proportionate contribution to total mortality in the groups of persons aged 15 to 44 years inclusive, persons aged 45 to 64 years inclusive and those aged 65 and over was 5.4 per cent., 25.0 per cent. and 64.9 per cent. respectively. An interesting point is that no less than 35.9 per cent. of all deaths were of persons aged 75 years or more.

A classified statement of the causes of death in 1953, by age-group and sex, for the County and the aggregates of the urban and rural districts is given in Table 5, page 148. Details of the deaths in the various sanitary districts, classified according to the Short List based by the Registrar-General on the Sixth Revision of the International Lists, are given in Table 4, pages 143 to 147, and total deaths by sex are shown for each district in Table 2, pages 134 to 141.

The 24,881 deaths assigned to the Administrative County in 1953 were equivalent to a mortality rate of 12·17 per 1,000 of the estimated home population, a decrease of 0·06 per thousand as compared with the rate for the previous year. This was the lowest rate recorded for the County since 1948 and was 0·51 less than the average rate for the five years, 1948-52.

The following table shows the crude and, wherever available, adjusted death-rates of the County for the ten years 1944 to 1953, together with those for the urban and rural areas and for England and Wales. The rates prior to 1950 are calculated on civilian deaths and estimated civilian populations, whilst those for 1950 and subsequent years take account of deaths of members of H.M. Forces stationed in the area and are based on estimated home populations.

	Death-rate per 1,000 of the estimated population									
	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Urban Districts .....	13·02	13·39	12·82	13·25	12·00	† { 13·05 14·35	13·18 13·31	14·23 14·37	12·65 12·78	12·34 12·46
Rural Districts .....	11·64	11·45	11·32	11·59	10·18	† { 10·78 11·00	10·88 11·21	11·76 12·11	9·89 10·49	11·25 11·92
Administrative County .....	12·84	13·12	12·61	13·02	11·74	† { 12·72 13·74	12·84 13·10	13·85 14·13	12·23 12·47	12·17 12·41
England and Wales .....	12·7	12·6	12·0	12·3	11·0	11·8	11·6	12·5	11·3	*11·4

\* Provisional figure. † Lower figure is adjusted rate. See following paragraphs.

The annual crude death-rates and quinquennial averages since the year 1889 for the County and the aggregate urban and rural districts are given in Table 1, page 133.

*Adjusted death-rates.*—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death-rates fail as true comparative mortality indexes in that their variations are not due to mortality alone but arise also from differences in population constitution, the two elements being combined in indistinguishable proportions. In order to compare the mortality factors operating in one area with those of other areas, it is first necessary to identify and remove the population variable in each case, and this is achieved by multiplying the crude death-rate of each locality concerned by the appropriate area comparability factor. The resultant adjusted death-rates may be regarded as comparable with each other or with the crude death-rate for England and Wales, inasmuch as they reflect differences only in the intensity of the mortality factors operating.

The 1953 factor for the Administrative County was 1·02, for the aggregate of urban districts 1·01 and for the rural districts 1·06. The effect of these factors on the 1953 death-rates is shown below:—

				Administrative County			Urban Districts			Rural Districts
Per 1,000 of estimated population										
Crude rates	.....	.....	.....	.....	12·17	.....	12·34	.....	.....	11·25
Adjusted rates	.....	.....	.....	.....	12·41	.....	12·46	.....	.....	11·92

The provisional 1953 death-rate for England and Wales, at 11·4, was 1·0 below the adjusted rate for the County.

The comparability factor for each County district is given in Table 3 on page 142, whilst the crude and adjusted rates for each district are shown in Table 2, pages 134 to 141. Here it might be mentioned that certain of the local mortality rates have been affected in 1953 by new rules governing transfers of deaths which became operative at the beginning of the year. Under these rules inmates of such institutions as hospitals for the chronic sick, mental hospitals, etc., are classed as residents of the district in which the establishment is situated and their deaths in such institutions are therefore non-transferable. A relatively small district having such a place within its boundaries might therefore experience in 1953 a sudden jump in its death-rate. Billinge and Winstanley U.D. may be cited as an outstanding example. During the previous five years, 1948-52, there was an average of 72 deaths, with upper and lower limits of 76 and 65 respectively, assigned annually to this district, giving an average rate of 12·1 per 1,000 of the population. In 1953, however, 207 deaths which occurred in the chronic sick and mental wards of Billinge Hospital were assigned to the district, making a total of 262 deaths belonging to the district. The resultant death-rate was 44·3 per 1,000, with an adjusted rate of 45·2 per 1,000.



PRINCIPAL CAUSES OF DEATH.—The relative importance of the principal causes of death during 1953 is shown in the following statement:—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms) .....	8,326	33·5
Cancer (including Hodgkin's disease, leukaemia and aleukaemia) .....	4,178	16·8
Vascular lesions of nervous system .....	3,577	14·4
Bronchitis .....	1,503	6·0
Other circulatory disease .....	985	4·0
Violence (including all accidents, suicide and homicide) .....	933	3·7
Pneumonia (including pneumonia of newborn) .....	726	2·9
Tuberculosis (all forms) .....	403	1·6
Nephritis and nephrosis .....	328	1·3

It has been shown earlier that a considerable majority of the deaths registered were of persons aged 65 years or more. It is understandable, therefore, that the principal causes of mortality should be those diseases generally associated with older people. An analysis by age-groups of the major causes shows that, of the 8,326 deaths ascribed to heart disease, 6,245 or 75·0 per cent. were of persons aged 65 years or more; of the 4,178 cancer deaths, 2,267 or 54·3 per cent.; of the 3,577 due to vascular lesions of the nervous system, 2,821 or 78·9 per cent.; of the 1,503 bronchitis deaths, 1,047 or 69·7 per cent.; of the 985 classified to other circulatory diseases, 806 or 81·8 per cent.; whilst of the 726 pneumonia deaths there were 423 or 58·3 per cent. With regard to the last named cause it may be added that a further 118 deaths, or 16·3 per cent., occurred amongst infants under one year of age.

In the following paragraphs reference is made in rather more detail to the direct contribution to mortality of the chief causes of death. As mentioned in the note on page 15, the death-rates, unless otherwise stated, are not standardised in any way and in considering the statistics the ageing of the population should be borne in mind. Under such conditions the crude death-rates for diseases such as heart disease, cancer, vascular lesions of the nervous system, etc., are likely to be affected in an upward direction by the population variable and no more subtle mortality factor need necessarily be inferred.

HEART DISEASES.—From 1950, when the new Short List of 36 Causes of Death based on the Sixth Revision of the International List of Diseases and Causes of Death was adopted for classification purposes, particulars of deaths from the various forms of heart disease have been sub-divided into the three groups—“coronary disease, angina”, “hypertension with heart disease” and “other heart disease”. The deaths classified to these causes and assigned to the Administrative County in each of the years 1950-53 are shown below, together with the equivalent mortality rates per 1,000 of the estimated population:—

	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Total—all forms	
	No. of deaths	Death-rate	No. of deaths	Death-rate	No. of deaths	Death-rate	No. of deaths	Death-rate
1950	2,691	1·31	720	0·35	5,734	2·80	9,145	4·47
1951	2,914	1·43	804	0·39	5,825	2·85	9,543	4·68
1952	3,112	1·52	499	0·24	4,968	2·43	8,579	4·20
1953	3,112	1·52	538	0·26	4,676	2·29	8,326	4·07

The 8,326 total fatalities in 1953 represented a decrease of 253 as compared with the previous year. This was entirely due to a decline of 292 in deaths classified to “other heart disease”. The corresponding reduction in the total mortality rate was 0·13 per 1,000 of the estimated population. This continuation of the decline recorded in 1952 of mortality from all forms of heart disease is worthy of note at a time when the proportion of old people in the population continues to increase.

The following table shows the trend of the crude mortality from all forms of heart disease in the Administrative County during the past 20 years:—

Year	No. of deaths	Crude death-rate per 1,000 population	Year	No. of deaths	Crude death-rate per 1,000 population
1934	5,052	2.79	1944	6,311	3.43
1935	5,444	2.98	1945	6,641	3.62
1936	6,012	3.26	1946	6,873	3.57
1937	6,217	3.34	1947	7,420	3.78
1938	6,224	3.30	1948	7,148	3.56
1939	7,085	3.72	1949	8,328	4.12
1940	6,571	3.45	1950	9,145	4.47
1941	5,960	3.10	1951	9,543	4.68
1942	5,884	3.12	1952	8,579	4.20
1943	6,150	3.32	1953	8,326	4.07

The numbers of deaths classified to the three groups of heart diseases and assigned to each County district in 1953 are shown in Table 4, pages 143 to 147. Table 5, page 148, shows the totals by age-group and sex assigned to the aggregate urban districts, the aggregate rural districts and the Administrative County.

**MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.**—This title embraces items 10-15 inclusive of the Short List of 36 Causes of Death as set out in Table 5, page 148. It is not directly comparable with the general title of “cancer” used for statistics prior to 1950 by virtue of the inclusion in it of deaths from Hodgkin’s disease, leukaemia and aleukaemia, which were excluded from the latter title. The deaths from the constituent causes assigned to the Administrative County in each of the years 1950-53 are given below by sex:—

Year	Sex	Malignant neoplasm—				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Total— all forms
		Stomach	Lung, bronchus	Breast	Uterus			
1950	M.	431	409	6	—	1,127	31	2,004
	F.	385	82	351	208	968	36	2,030
	T.	816	491	357	208	2,095	67	4,034
1951	M.	422	483	4	—	1,118	37	2,064
	F.	356	85	337	188	921	37	1,924
	T.	778	568	341	188	2,039	74	3,988
1952	M.	395	531	1	—	1,149	53	2,129
	F.	342	106	339	202	951	39	1,979
	T.	737	637	340	202	2,100	92	4,108
1953	M.	440	581	9	—	1,088	43	2,161
	F.	356	106	399	186	924	46	2,017
	T.	796	687	408	186	2,012	89	4,178

In total there was therefore an increase of 70 deaths during the year under report as compared with 1952. A feature of the above table which is particularly striking is the steady increase in the number of deaths in the “lung, bronchus” group—an increase more marked amongst males than females. This is in conformity with national trends.

The mortality rate of 2.04 per 1,000 of the estimated population produced by the 4,178 deaths in 1953 was 0.03 above that for 1952 and 0.05 above the provisional rate of 1.99 for England and Wales.

Of the total deaths from all causes assigned to the Administrative County in 1952, the 4,178 classified to malignant neoplasms, etc., amounted to 16.8 per cent.

The numbers of deaths assigned to each County district and classified to the six groups of causes comprising the above heading are shown in Table 4, pages 143 to 147. The totals classified to the same groups for the aggregate urban districts, the aggregate rural districts and the Administrative County are analysed by sex and age-group in Table 5, page 148.

**VASCULAR LESIONS OF NERVOUS SYSTEM.**—The 3,577 deaths ascribed to this condition in 1953 were 104 less than the total for the previous year and were equivalent to a rate of 1.75 per 1,000 of the estimated population compared with that of 1.80 for 1952. They amounted to 14.4 per cent. of the total deaths from all causes.



This condition, like heart disease and cancer, is one which mainly affects older people. Of the 3,577 deaths in 1953, 2,821 or 78·9 per cent. were of persons aged 65 years and over. The following table shows the total deaths in 1953 classified according to certain age-groups and by sex, compared with the corresponding figures for the three preceding years:—

Year	Age in years—														
	0—			45—			65—			75—			All ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1950	32	26	58	300	421	721	541	704	1,245	586	871	1,457	1,459	2,022	3,481
1951	35	33	68	303	412	715	585	754	1,339	630	908	1,538	1,553	2,107	3,660
1952	32	29	61	354	402	756	600	755	1,355	570	939	1,509	1,556	2,125	3,681
1953	29	41	70	331	355	686	552	695	1,247	622	952	1,574	1,534	2,043	3,577

The deaths from vascular lesions of the nervous system assigned to each County district during 1953 are shown in Table 4, pages 143 to 147, and the totals for the aggregate urban districts, the aggregate rural districts and the Administrative County are given by sex and age-group in Table 5, page 148.

BRONCHITIS.—There was a small increase in mortality from bronchitis during 1953. The number of deaths assigned to the Administrative County was 1,503, or 34 more than in the previous year. They were equivalent to a mortality rate of 0·74 per 1,000 of the estimated population, an increase of 0·02 over the rate for 1952. The rate for the total urban districts was 0·78 per 1,000 and for the rural districts 0·49. Of the 1,503 deaths, which represented 6·0 per cent. of the total deaths from all causes, 1,047 or 69·7 per cent. were of persons aged 65 years or more.

OTHER CIRCULATORY DISEASE.—Deaths in 1953 falling within this classification, which covers all diseases of the circulatory system except the three groups of heart diseases considered earlier, numbered 985, a decrease of 47 compared with the total for the previous year. They represented 4·0 per cent. of the total deaths from all causes and were equivalent to a mortality rate of 0·48 per 1,000 of the estimated population, 0·02 per thousand less than the rate for 1952. Deaths of persons aged 65 years or more which were classified to this group of causes numbered 806 or 81·8 per cent. of the total at all ages.

VIOLENCE.—Deaths from violence are divided into four groups in the Short List of 36 Causes of Death—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1953 are shown, together with those for the three preceding years, in the following table:—

Year	Motor vehicle accidents			All other accidents			Suicide			Homicide and operations of war			Total— all forms		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1950	160	48	208	275	197	472	143	90	233	8	6	14	586	341	927
1951	153	52	205	233	198	431	139	78	217	23	2	25	548	330	878
1952	151	52	203	249	210	459	132	74	206	10	5	15	542	341	883
1953	149	46	195	284	223	507	132	84	216	11	4	15	576	357	933

It will be seen that there was an increase of 50 deaths from all forms of violence during 1953 as compared with the previous year, with a resultant rise in the mortality rate from 0·43 to 0·46 per 1,000 of the estimated population. Of the total deaths from all causes in 1953, violence accounted for 3·7 per cent.

PNEUMONIA.—Deaths classified to pneumonia during 1953 and assigned to the Administrative County numbered 726, a decrease of 82 as compared with the previous year. The resultant mortality rate was 0·36 per 1,000 of the estimated home population, 0·04 less than that for 1952. Of the 726 deaths, which amounted to 2·9 per cent. of the total deaths from all causes, 423 or 58·3 per cent. were of persons aged 65 years or more and a further 118 or 16·3 per cent. were of infants under one year of age.

TUBERCULOSIS.—*Respiratory*.—The deaths assigned to the Administrative County in 1953 numbered 361, or 53 less than in the previous year. The decline of mortality from respiratory tuberculosis has been a more or less steady process for many years which was accelerated during the past decade and particularly so in the last five years. The deaths registered at the end of the first world war were roughly four times greater than the 361 recorded in 1953. Those registered only five years ago, in 1948, were nearly twice as numerous.

The mortality rate of 0·18 for the Administrative County was again the lowest ever recorded, being 0·02 less than the previous lowest in 1952. This was the seventh successive year in which the existing low record had been either equalled or improved upon. The provisional rate for England and Wales was also 0·18 per 1,000 of the estimated population and it is interesting to note that this was the first recorded occasion on which the rate for the country as a whole was as good as the County rate.

A more detailed consideration of the notifications of, and deaths from, tuberculosis of the respiratory system is given on pages 125 to 129 in the section relating to "Prevalence of, and Control over, Infectious Diseases". Particulars of the deaths classified to tuberculosis, both respiratory and non-respiratory, in each County district are shown in Table 4, pages 143 to 147. Table 5 on page 148 analyses by sex and age-group the deaths from these causes in the aggregate urban districts, the aggregate rural districts and the Administrative County.

*Non-respiratory.*—The 42 deaths from non-respiratory tuberculosis assigned to the Administrative County in 1953 and the resultant death-rate of 0·02 per 1,000 of the estimated population were each the lowest figure recorded in respect of this cause, being 21 deaths and 0·01 per 1,000 less than the previous lowest in 1952. The decline in mortality from this condition in recent decades has been even more rapid than that experienced from respiratory tuberculosis. In the ten years, 1913-22, deaths from non-respiratory tuberculosis amounted to 23 per cent. of those from all forms of tuberculosis; in the next ten years the proportion declined to 21 per cent., in 1933-42 to 19 per cent. and in 1943-52 to 16 per cent. In 1953 the proportion was only 10 per cent.

Further reference to the mortality from, and incidence of, non-respiratory tuberculosis is made in pages 125 to 129.

**TRANSFERABLE DEATHS.**—During the year under report the following "transfers" were made:—6,454 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided and these deaths (known as inward transfers) were assigned to their proper districts; 5,194 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

**Maternal Mortality.**—A considerable increase in deaths classified to "pregnancy, childbirth, abortion" must, unfortunately, be recorded for the Administrative County in 1953. They numbered 39, an increase of 15 over the figure for the previous year and the highest total recorded since 1947. These included two deaths where the interval between maternal condition and death was stated to exceed 12 months.

The resultant mortality rate of 1·26 per 1,000 total births was 0·46 per thousand above the figure for the previous year and 0·57 greater than the low record achieved in 1951. It also represented an increase of 0·35 per thousand over the average rate for the five years 1948-52. The provisional rate for England and Wales was 0·76 per 1,000 total births, an increase of 0·04 as compared with the corresponding rate for 1952.

The following table illustrates the trend of maternal mortality from 1939 up to the year under report.

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1939	*28,406	107	3·76	3·13
1940	*28,784	98	3·40	2·68
1941	*29,861	97	3·24	2·80
1942	31,314	83	2·65	2·48
1943	33,272	88	2·64	2·29
1944	35,319	77	2·18	1·92
1945	31,426	73	2·32	1·79
1946	36,601	52	1·42	1·43
1947	41,203	56	1·35	1·17
1948	35,481	38	1·07	1·02
1949	33,143	32	0·97	0·98
1950	31,619	31	0·98	0·87
1951	30,553	21	0·69	0·81
1952	30,039	24	0·80	0·72
1953	30,957	39	1·26	†0·76

\* Specially compiled figures for the calculation of maternal mortality rates.      † Provisional figure.

The maternal mortality rate for the urban districts of the County in 1953 was 1·25 per 1,000 total births, an increase of 0·47 over the rate for the previous year and of 0·35 over that for the previous five years, 1948-52. Likewise the rate of 1·33 per 1,000 for the aggregate rural districts represented an increase of 0·40 on the rate for 1952 and of 0·38 as compared with the average rate for the five years, 1948-52.

Whilst the Registrar-General groups all deaths from maternal causes under the one heading "pregnancy, childbirth, abortion", the 39 deaths assigned by him to the Administrative County can be identified in local records and the following statement analyses them by cause in accordance with the International List and compares them with the corresponding analysis for the previous year. It will be seen that there



was actually a slight reduction in deaths due to complications of pregnancy and abortion during 1953, the considerable increase in that year in mortality attributable to maternal causes being entirely confined to specified complications of delivery and of the puerperium.

<i>Cause of death</i>							<i>No. of deaths</i>	
<i>Complications of pregnancy—</i>							1952	1953
Toxaemias of pregnancy	.....	.....	.....	.....	.....	.....	12	11
Ectopic pregnancy	.....	.....	.....	.....	.....	.....	2	1
Anaemia of pregnancy	.....	.....	.....	.....	.....	.....	1	—
Other complications arising from pregnancy	.....	.....	.....	.....	.....	.....	1	2
<i>Abortion—</i>								
Abortion without mention of sepsis or toxaemia	.....	.....	.....	.....	.....	.....	2	1
Abortion with sepsis	.....	.....	.....	.....	.....	.....	2	1
Abortion with toxaemia, without mention of sepsis	.....	.....	.....	.....	.....	.....	—	1
<i>Delivery with specified complication—</i>								
Delivery complicated by placenta praevia or antepartum haemorrhage	.....	.....	.....	.....	.....	.....	2	5
Delivery complicated by retained placenta	.....	.....	.....	.....	.....	.....	—	1
Delivery complicated by postpartum haemorrhage	.....	.....	.....	.....	.....	.....	1	2
Delivery with trauma	.....	.....	.....	.....	.....	.....	—	1
Delivery with other complications of childbirth	.....	.....	.....	.....	.....	.....	—	2
<i>Complications of the puerperium—</i>								
Sepsis of childbirth and the puerperium	.....	.....	.....	.....	.....	.....	—	1
Puerperal phlebitis and thrombosis	.....	.....	.....	.....	.....	.....	1	3
Puerperal pulmonary embolism	.....	.....	.....	.....	.....	.....	—	3
Puerperal eclampsia	.....	.....	.....	.....	.....	.....	—	2
Cerebral haemorrhage in the puerperium	.....	.....	.....	.....	.....	.....	—	1
Other and unspecified complications of the puerperium	.....	.....	.....	.....	.....	.....	—	1
TOTAL—all causes							24	39

The maternal mortality rate for each County district in 1953 is shown in Table 2, pages 134 to 141.

*Investigation of Maternal Deaths.*—Under instructions of the Minister of Health each maternal death must be investigated as a matter of routine and, in the County area, such investigations are carried out by the Divisional Medical Staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

**Infant Mortality.**—During 1953 there were 880 deaths of infants under one year of age assigned to the Administrative County—a decrease of seven as compared with the previous year. The resultant mortality rate, 29 per 1,000 live births, equalled the low record achieved in 1951. It was one per thousand less than the rate for 1952 and five per thousand less than the average for the preceding five years, 1948-52. The 880 infant deaths amounted to 3·5 per cent. of the total at all ages and, expressed in terms of total home population, were equivalent to a rate of 0·43 per 1,000.

The following table shows the County, urban and rural infant death-rates per 1,000 live births for 1953 and the previous 10 years. The rates for England and Wales per 1,000 *related* live births are also given.

	Rate of deaths of children under 1 year per 1,000 live births										
	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Urban Districts	55	47	51	46	47	40	39	33	29	31	29
Rural Districts	47	41	43	48	45	35	32	31	31	26	30
Administrative County	54	46	50	46	47	40	38	33	29	30	29
England and Wales	49	45	46	43	41	34	32	30	30	28	*27

\* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 133.



The 880 infant deaths assigned to the Administrative County in 1953 were classified in accordance with the Registrar-General's Short List of 36 Causes as follows:—

<i>Cause of death</i>	<i>No. of infant deaths</i>
Syphilitic disease .....	1
Whooping cough .....	7
Meningococcal infections .....	5
Acute poliomyelitis .....	1
Measles .....	5
Other infective and parasitic diseases .....	6
Leukaemia, aleukaemia .....	1
Other circulatory disease .....	1
Influenza .....	3
Pneumonia (including pneumonia of the newborn) .....	118
Bronchitis .....	23
Other diseases of respiratory system .....	7
Gastritis, enteritis and diarrhoea .....	22
Congenital malformations .....	156
Other defined and ill-defined diseases .....	500
Accidents .....	21
Homicide and operations of war .....	3
<b>TOTAL—all causes</b> .....	<b>880</b>

The unsatisfactory classification of infant deaths provided by the Short List is clearly shown. Of the 880 infant deaths from all causes, 500 or nearly 57 per cent. were classified to the group "other defined and ill-defined diseases".

It is apparent that a satisfactory analysis requires a more detailed break-down of this group and, to a certain extent, departmental records of infant deaths are able to provide this. Three factors, however, militate against an exact coincidence of the departmental analysis with that of the Registrar-General—(i) the local analysis relates to deaths *occurring* during the calendar year, the latter to deaths *registered*; (ii) the former analysis is probably deficient of isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back by the County authority to the certifying practitioner can rarely be made in cases of inadequate certification.

Nevertheless, the County analysis approximates very closely to that of the Registrar-General. Of the 873 infant deaths classified in the County records 498 or 57·0 per cent. fell within the above-mentioned category, "other defined and ill-defined diseases", as compared with 500 out of a total of 880 (56·8 per cent.) in the analysis of the Registrar-General. Of the 498 deaths thus classified, 125 or 14·3 per cent. of the total infant deaths were due to post-natal asphyxia and atelectasis, 87 (10·0 per cent.) to birth injuries, 12 (1·4 per cent.) to infections of the newborn, 235 (26·9 per cent.) to other diseases peculiar to early infancy and 39 (4·5 per cent.) to the residue of all other causes.

**MORTALITY OF ILLEGITIMATE INFANTS.**—The following table shows the differential incidence of mortality during 1953 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County:—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total	Legiti- mate infants	Illegiti- mate infants	Total
1948 .....	40	53	40	35	48	35	39	52	40
1949 .....	38	63	39	31	65	32	37	63	38
1950 .....	32	58	33	29	76	31	32	60	33
1951 .....	28	41	29	30	58	31	29	43	29
1952 .....	30	42	31	25	71	26	30	46	30
1953 .....	29	38	29	31	16	30	29	35	29

**NEO-NATAL MORTALITY.**—The number of neo-natal deaths (infants under four weeks of age) assigned to the Administrative County in 1953 was 615, equivalent to a mortality rate of 20 per 1,000 live births. This represented an increase of 17 deaths over the total for the previous year but involved no change in the rate. The 615 neo-natal deaths amounted to 69·9 per cent. of all infant deaths.

Classification by cause is not provided by the Registrar-General but a statement is available from County records, with regard to which the observations made earlier under the heading "Infant Mortality" should be noted. Neo-natal deaths belonging to the Administrative County and recorded as having *occurred* in 1953 numbered 615, or 70·4 per cent. of the 873 infant deaths recorded compared with the proportion of 69·9 per cent. noted in the previous paragraph in respect of the figures supplied by the Registrar-General. Of the 615 deaths at ages under four weeks 124 or 20·2 per cent. were classified to post-natal asphyxia and atelectasis, 106 or 17·2 per cent. to congenital malformations, 86 or 14·0 per cent. to birth injuries, 34 or 5·5 per cent. to pneumonia of the newborn, 10 or 1·6 per cent. to infections of the newborn, 228 or 37·1 per cent. to other diseases peculiar to early infancy and the remaining 27 or 4·4 per cent. to all other causes.

Particulars of infant and neo-natal deaths and death-rates for each County district for the year 1953 are given in Table 2, pages 134 to 141.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

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**Divisional Health Administration.**—Under the terms of the National Health Service Act, 1946, the County Council, as a Local Health Authority, were charged with the duty of providing the undermentioned services:—

- (a) Health Centres;
- (b) Care of Mothers and Young Children;
- (c) Midwifery and Maternity Nursing;
- (d) Health Visiting;
- (e) Home Nursing;
- (f) Vaccination and Immunisation;
- (g) Ambulance Services;
- (h) Prevention of Illness, Care and After-Care;
- (i) Domestic Help;
- (j) Mental Health.

In addition, under the National Assistance Act, 1948, the County Council were assigned the duties of providing for:—

- (i) Residential Accommodation for the Aged and Infirm;
- (ii) Temporary Accommodation for persons in urgent need;
- (iii) Welfare of Handicapped Persons.

The responsibility for the administration of the various functions set out above was laid upon the Health Committee, appointed in accordance with the provisions of the 1946 Act, which consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire County Local Medical and Panel Committee, and Voluntary Organisations concerned with the care of old people.

As, in many important respects, the duties placed upon Local Health Authorities are either complementary or supplementary to the treatment services administered by Regional Boards and Executive Councils, the administrative arrangements made by the County Council for carrying out their duties as Local Health Authority were made to conform, as far as possible, to those made for the treatment services.

Thus, following the pattern for the hospital treatment services laid down by the Act, i.e., hospital districts with Management Committees appointed by the Regional Boards, the Administrative County was divided into 17 Health Divisions, designed, so far as was practicable, to be coterminous with the drainage areas of the various hospital districts, and each having a Divisional Committee for the local management of the services in the Division.

The constitution of each of the 17 Divisional Health Committees embraces members of the County Council, representatives appointed by (a) the Councils of the County districts within the Division, (b) Management Committees of hospitals serving the Division, and (c) the Education Divisional Executives within the Division, together with persons co-opted at the discretion of the Divisional Committee with the approval of the Health Committee, and the Committees undertake the day-to-day administration of the bulk of the services provided by the local health authority.

The Health Divisions into which the Administrative County is sub-divided for the purposes of divisional administration are shown on the map inserted opposite and, in the following statement, the constituent sanitary authorities of such divisions are set forth, together with particulars of acreages and the Registrar-General's estimated mid-1953 populations.



# COUNTY OF LANCASTER.

## HEALTH DIVISIONS



Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Non-County Boroughs indicated •

Scale : 8 miles to 1 inch.



Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1953	Estimated population as at 30th June, 1953
1	Dalton-in-Furness U.D. ....	8,022	10,280
	Grange U.D. ....	1,883	2,807
	Ulverston U.D. ....	3,196	10,160
	Ulverston R.D. ....	127,448	16,370
		140,549	39,617
2	Lancaster M.B. ....	4,873	50,330
	Morecambe and Heysham M.B. ....	3,794	36,310
	Carnforth U.D. ....	1,504	3,587
	Lancaster R.D. ....	53,212	12,240
	Lunesdale R.D. ....	76,267	7,274
		139,650	109,741
3	Fleetwood M.B. ....	2,565	27,580
	Lytham St. Annes M.B. ....	5,814	29,830
	Kirkham U.D. ....	939	6,482
	Poulton-le-Fylde U.D. ....	2,408	7,826
	Preesall U.D. ....	3,277	2,216
	Thornton Cleveleys U.D. ....	3,358	15,080
	Fylde R.D. ....	33,264	19,840
	Garstang R.D. (part) ....	14,535	3,554
		66,160	112,408
4	Chorley M.B. ....	4,283	32,040
	Adlington U.D. ....	1,062	4,092
	Fulwood U.D. ....	3,164	13,320
	Leyland U.D. ....	3,804	14,920
	Longridge U.D. ....	3,285	4,438
	Walton-le-Dale U.D. ....	4,733	14,870
	Withnell U.D. ....	4,186	2,821
	Chorley R.D. ....	41,114	27,090
	Clitheroe R.D. (part) ....	19,803	2,703
	Garstang R.D. (part) ....	42,956	9,186
	Preston R.D. ....	50,146	38,380
		178,536	163,860
5	Accrington M.B. ....	4,418	39,940
	Clitheroe M.B. ....	2,386	12,010
	Darwen M.B. ....	5,959	30,400
	Church U.D. ....	528	5,700
	Clayton-le-Moors U.D. ....	1,060	6,997
	Great Harwood U.D. ....	2,868	10,720
	Oswaldtwistle U.D. ....	4,885	12,070
	Rishton U.D. ....	2,879	5,660
	Blackburn R.D. ....	19,469	13,330
	Clitheroe R.D. (part) ....	12,367	6,707
		56,819	143,534
6	Colne M.B. ....	5,939	20,310
	Nelson M.B. ....	3,445	33,510
	Barrowford U.D. ....	1,387	4,747
	Brierfield U.D. ....	807	6,891
	Padiham U.D. ....	975	10,040
	Trawden U.D. ....	6,815	2,086
	Burnley R.D. ....	39,849	16,550
		59,217	94,134



Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1953	Estimated population as at 30th June, 1953
7	Crosby M.B. ....	4,772	58,160
	Formby U.D. ....	5,613	10,100
	Litherland U.D. ....	818	22,560
	Ormskirk U.D. ....	15,608	21,230
	Skelmersdale U.D. ....	1,942	6,362
	West Lancashire R.D. ....	66,489	42,410
		95,242	160,852
8	Abram U.D. ....	1,984	6,266
	Ashton-in-Makerfield U.D. ....	6,267	19,280
	Aspull U.D. ....	1,906	6,520
	Billinge and Winstanley U.D. ....	4,596	5,915
	Hindley U.D. ....	2,612	19,240
	Ince-in-Makerfield U.D. ....	2,320	20,180
	Orrell U.D. ....	1,617	9,412
	Standish-with-Langtree U.D. ....	3,266	8,876
	Upholland U.D. ....	4,686	6,418
	Wigan R.D. ....	11,696	8,153
		40,950	110,260
9	Widnes M.B. ....	5,746	48,860
	Huyton-with-Roby U.D. ....	3,053	57,470
	Prescot U.D. ....	870	12,400
	Rainford U.D. ....	5,877	4,126
	Whiston R.D. ....	28,994	44,450
		44,540	167,306
10	Golborne U.D. ....	7,563	17,160
	Haydock U.D. ....	2,395	11,830
	Newton-le-Willows U.D. ....	3,105	21,910
	Warrington R.D. ....	22,457	37,670
		35,520	88,570
11	Farnworth M.B. ....	1,504	27,960
	Leigh M.B. ....	6,359	48,070
	Atherton U.D. ....	2,264	20,220
	Blackrod U.D. ....	2,392	3,078
	Horwich U.D. ....	3,257	15,670
	Kearsley U.D. ....	1,728	10,500
	Little Lever U.D. ....	808	4,756
	Turton U.D. ....	17,334	10,870
	Tyldesley U.D. ....	5,175	17,690
	Westhoughton U.D. ....	5,560	14,830
		46,381	173,644
12	Haslingden M.B. ....	8,203	14,250
	Prestwich M.B. ....	2,421	34,120
	Radcliffe M.B. ....	4,957	27,540
	Rawtenstall M.B. ....	9,528	24,950
	Ramsbottom U.D. ....	9,562	14,210
	Tottington U.D. ....	2,542	5,773
	Whitefield U.D. ....	3,388	12,990
		40,601	133,833



Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1953	Estimated population as at 30th June, 1953
13	Bacup M.B. ....	6,121	18,280
	Heywood M.B. ....	8,508	25,170
	Littleborough U.D. ....	7,855	10,790
	Milnrow U.D. ....	5,194	8,535
	Wardle U.D. ....	3,192	4,633
	Whitworth U.D. ....	4,483	7,457
		35,353	74,865
14	Middleton M.B. ....	5,172	32,850
	Chadderton U.D. ....	3,013	31,380
	Crompton U.D. ....	2,865	12,590
	Failsworth U.D. ....	1,073	17,890
	Lees U.D. ....	288	4,133
	Royton U.D. ....	2,149	14,490
	Limehurst R.D. (part) ....	531	718
		15,091	114,051
15	Eccles M.B. ....	3,417	43,780
	Swinton and Pendlebury M.B. ....	3,363	40,580
	Irlam U.D. ....	4,717	14,890
	Worsley U.D. ....	7,242	28,880
		18,739	128,130
16	Stretford M.B. ....	3,530	62,690
	Urmston U.D. ....	4,799	39,040
		8,329	101,730
17	Ashton-under-Lyne M.B. ....	2,981	45,230
	Mossley M.B. ....	3,624	10,340
	Audenshaw U.D. ....	1,241	12,490
	Denton U.D. ....	2,593	25,500
	Droylsden U.D. ....	1,010	26,060
	Limehurst R.D. (part) ....	2,554	8,245
		14,003	127,865

NOTE.—In the case of parts of sanitary districts, the populations are computed from the Registrar-General's estimates on the basis of parish populations as at the Census, 1951.

Whilst steady progress in the development of the various health and welfare services continued during 1953, it is in connection with the latter and the services ancillary to them that perhaps most attention was devoted. The needs of the aged and infirm, both as regards the provision of suitable accommodation and their general welfare in their own homes, is an ever increasing problem of great importance, taxing as it does not only the resources of the welfare arrangements under the National Assistance Act but also making big demands upon the complementary home help, health visiting and home nursing services. The work of these latter services, too, has shown considerable expansion, for not only have they to cope with the growing demands of the aged and infirm but also play an important role in the care and after-care of persons recovering from illness, notably following discharge from hospital, and in the welfare of the chronic sick for whom hospital accommodation is not readily available. Unfortunately, the development of these services continues to be hampered by the difficulties of recruiting sufficient suitable staffs.

Progress too was made in catering for the needs of the mentally handicapped, particularly in the field of occupational training, and to giving effect to the schemes in force for the welfare of the deaf and dumb and other handicapped persons.

Much thought and attention has again been given to schemes designed to keep the ambulance service abreast of modern developments and to provide the maximum efficiency commensurate with economic considerations. The policy of providing modern-type vehicles and the adaptation and erection of ambulance stations has been rigorously pursued.

It may be said, therefore, that the year under report was marked by the steady development of many of the personal services, whilst at the same time maintaining and consolidating the existing arrangements for others and that on the whole the services, whose day-to-day management is mainly in the hands of Divisional Committees and their staffs, have continued to function smoothly and efficiently during the year.

Whilst in the pages following, under their individual headings, the several services are described and the results of the work accomplished are set forth, it is not inappropriate here to reproduce some of the comments of Divisional Medical Officers on the functioning, development and needs of the services generally in their respective divisional areas:—

*Health Division No. 2.*—The amount of home nursing and the work done by home helps have both increased during the year, and it is apparent that these two services are now making an important contribution to the work of general practitioners and hospitals alike, particularly in relation to the care of the chronic sick and aged people.

There was a further increase in the number of cases referred by general practitioners for admission to convalescent and recuperative homes. There is no doubt that this after-care service is beginning to fulfil a real need and that for lack of it many people previously had to return to work before recovery was complete.

With regard to the control of tuberculosis there is close contact and understanding between those responsible for prevention and treatment, and in this division the constant co-operation given by the Area Chest Physician has contributed a great deal towards securing the necessary integration of the clinical, preventive and social aspects of this work.

The health services have in the main continued to progress despite the handicap of an inadequate medical staff during the greater part of the year.

It is clear, however, that the County Council's welfare schemes cannot be fully implemented with present establishments. The problems connected with the welfare of both adults and children housed in Part III Accommodation at Bay View continue to cause much concern. A great deal of work remains to be done for the welfare of old people in their own homes, and in connection with handicapped persons in the community. Additional staff is required to assist the Divisional Medical Officer in the task of integrating the work of the statutory authority with that done by local voluntary bodies of many different kinds and in order that existing Part III services at Bay View and elsewhere may be more adequately supervised and administered.

*Health Division No. 3.*—Increasing demands were made for the services of home helps and the establishment of part-time home helps on retaining fee was increased, although some difficulty has been experienced in recruiting the services of home helps in the Thornton Cleveleys and Lytham St. Annes areas, particularly during the holiday season.

*Health Division No. 8.*—During the year the services administered by the division continued to work efficiently.

*Health Division No. 10.*—Every effort has been made to fulfil both statutory and moral obligations by the provision of adequate services under the several sections, but it has not been possible to give really comprehensive and satisfactory cover owing to shortages of staff, particularly of health visitors, clerical and welfare personnel.

*Health Division No. 11.*—On the whole the services provided have been adequate and their administration has run smoothly.

*Health Division No. 13.*—During the year the health services in the division continued to function smoothly.

An outstanding feature has been the marked increase in the amount of welfare work referred to this department. The requests ranged over a wide field of problems from the management of problem families to the obtaining of priority hospital admission in necessitous cases for old people. In this respect, the commitments of the divisional staff have been further increased through the shortage of health visitors. Rapid expansion of the home help service, whereby the staff has been doubled over the past 12 months, is a further indication of the increase in welfare work.

*Health Division No. 14.*—The services have continued to function most satisfactorily and are now expanding in various directions as facilities and staff become available.

On the welfare side Part III allocated accommodation has not been so severely taxed whilst the opening of two hostels has increased the hostel capacity to 82 places.

In so far as occupation centre accommodation is concerned, it seems unfortunate that the children appear to have to be satisfied with very makeshift premises; this is particularly so at the Chadderton Centre and efforts to find better premises have proved abortive.

The fullest expansion of the preventive aspect of the health visiting service cannot be implemented until such time as the establishment is nearer completion by the enrolment of adequately trained health visitors.



*Health Division No. 15.*—In general the health services appear to be quite adequate but the new housing "overspill" for Salford in the Little Hulton area is presenting problems; there is a need for a combined school clinic and child welfare centre in that area.

There is a continuing shortage of health visitors in the division, which is well below establishment in this respect.

**CONTROL, SUPERVISION AND CO-ORDINATION OF SERVICES.**—Divisional Medical Officers, who are also School Medical Officers, act under the direction of the County Medical Officer of Health and Principal School Medical Officer who is responsible for the control, supervision and co-ordination of the various services provided by the Local Health Authority. The Divisional Medical Officer, as Executive Officer of the Divisional Committee, is, within his division, responsible for all staffs on the divisional establishment and for the day-to-day control and supervision of the services provided through his Divisional Committee. In this he has available to him the advice of Midwifery, Home Nursing and Health Visiting Supervisory Officers on the staff of the County Medical Officer of Health at the Central Office.

One of the duties required of a Divisional Medical Officer is that he shall undertake the duties of Medical Officer of Health for the County districts within the Division, where he may be so appointed. This provision, whilst in effect superseding the original arrangements of the County Council under section 111 of the Local Government Act, 1933, for securing that every Medical Officer of Health subsequently appointed for a district should be restricted by the terms of his appointment from engaging in private practice as a medical practitioner, has the additional advantage, by reason of the Divisional Medical Officer being also Divisional School Medical Officer, of affording complete co-ordination of the medical services of the County Council and the public health work of the District Councils. The risk of overlapping and loss of efficiency is thus reduced to a minimum.

Again, as in each division the Divisional Medical Officer has at his disposal the services of a number of Assistant Medical Officers, it follows that in the event of need (e.g., a serious outbreak of infectious disease) in any particular district the Divisional Medical Officer, as local Medical Officer of Health, can have readily available to him such additional medical assistance as may be necessary.

Following the introduction of the scheme of divisional health administration, many County District Councils took advantage of the provision thus made and by the 31st December, 1953, no less than seventy-eight districts had as Medical Officer of Health the Divisional Medical Officer of the health division in which the district is situate. In addition, two districts had as Medical Officer of Health an Assistant Divisional Medical Officer who had been appointed to act in a temporary capacity under the arrangements made under section 111 of the Local Government Act, 1933, and who has been allowed to continue to act in that capacity until such time as the District Councils concerned themselves desire the appointment of the Divisional Medical Officer. In one other district the Medical Officer of Health was an officer statutorily transferred to the County Council's medical staff on the operation of the National Health Service Act, 1946, but allowed to continue to carry out the duties of Medical Officer of Health.

Four districts had as Medical Officer of Health whole-time officers who, by arrangement with the District Councils concerned, undertake duties on behalf of the County Council under the direction of the Divisional Medical Officer. In two districts a retired Divisional Medical Officer has been appointed as local Medical Officer of Health and in one district the duties are carried out by a retired general medical practitioner.

In the remaining twenty-one County Districts, the duties of Medical Officer of Health were, at the 31st December, 1953, still being undertaken by medical practitioners engaged in private practice.

**CO-ORDINATION AND CO-OPERATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.**—The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. The hospital authority, the executive council and the local health authority must act not as self-contained independent units but as parts of one structure serving a common purpose.

In Lancashire there exists a wide variety of liaison arrangements between the local health authority and the other statutory and voluntary bodies. Many of these arrangements are, of course, the result of the implementation of statutory requirements or approved schemes of administration, but the less formal meetings which take place from time to time as occasion demands between representatives of the several bodies are also useful and the meetings and contacts at officer level are undoubtedly of great value.

The success of the present administrative system depends upon team work and this in turn presupposes a knowledge of what can be achieved thereby—an awareness on the part of the staffs concerned, in hospital, in general practice and in the public health preventive service, of the need to consider primarily the requirements of the patient as a whole.

The Lancashire system of divisionalisation of the local health authority's services has undoubtedly facilitated liaison at local level by making it possible for officers of the local health authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim of the local health authority is to strengthen this desirable liaison with advantage to all concerned.

It is the need for team work which requires constant emphasis, for whilst the establishment of advisory committees makes a useful contribution towards securing the integrated service desired, they cannot be expected to take the place of close co-operative effort between the several executive staffs and workers in the field.



On the whole, it may be said that the various arrangements existing within the County are working reasonably well, but the degree of liaison and co-operation varies in different parts of the County and with respect to different services.

In most health divisions the divisional medical officer is a member of one or more of the hospital medical advisory committees though, with very few exceptions, not of the hospital management committees, but whilst this is of value it is not, in itself, sufficient to ensure complete co-ordination. In those divisions where a cordial relationship exists between the respective medical and lay administrative staffs, harmonious and mutually beneficial co-operation is found to a high degree and the work of both hospital and the preventive and care and after-care services is greatly enhanced.

The efficacy of co-operation with hospital almoners, where such have been appointed, would appear to depend largely on the assiduity with which they fulfil their obligations. In most instances the arrangements whereby the divisional medical officer is advised of cases requiring supervision following discharge from hospital or who require home help or nursing equipment function satisfactorily whilst on the other hand every effort is made by divisional medical officers to furnish such information as the almoners request with regard to the home circumstances, etc., of patients.

Liaison with the maternity and paediatric departments of hospitals is generally at a high level and much good has resulted from the arrangements made. On the one hand discharge reports, both as regards premature infants and also mothers discharged before the fourteenth day after confinement, are invariably supplied to divisional medical officers, whilst the latter provide on request reports of home and social conditions of patients booking hospital beds. Additionally, in some instances arrangements exist whereby assistant divisional medical officers and health visitors visit out-patient paediatric clinics.

A variety of liaison arrangements exists with the hospital authorities throughout the County area in connection with the admission of the chronic sick and with geriatric departments where such have been established. On the whole in most areas a cordial relationship exists at officer level which does much to resolve the difficulties associated with this major problem. In many instances, divisional medical officers determine, by agreement with the hospitals, priority of admission, whilst in others the divisional medical officer furnishes to the hospitals reports on the cases awaiting admission with an indication of the degree of urgency, etc.

The degree of co-operation in relation to mental health does not appear to be so complete as could be desired but here again this varies from area to area. In most divisions the liaison is apparently limited to the attendance at psychiatric clinics of the duly authorised officers and female mental health workers and to the supply to consultant psychiatrists of social and family histories of cases. Whilst in one division the consultant psychiatrist holds weekly case conferences with the divisional medical officer, duly authorised officer and mental health worker at the divisional office, in another division the mental hospital having within its purview the largest number of patients and psychiatric clinics has its own social workers, liaison is poor and the divisional mental health staff does little or no work relative to its cases.

Every effort is made in all divisions to foster a spirit of goodwill and active co-operation with the general practitioners and it would appear that gradually the practitioners are acquiring a greater awareness in most areas of the assistance available to them and their patients through the medium of the local health authority's services. The problems associated with the welfare of the old, infirm, disabled and mental illness cases appear to have done much to stimulate this. Undoubtedly, a more cordial relationship now exists between general practitioners and the local health authority medical, nursing and administrative staffs and every endeavour is made to keep practitioners informed of the services available and to maintain a spirit of goodwill and mutual understanding.

In the field of welfare—particularly in regard to the care of the aged and infirm—many voluntary bodies, such as Old People's Welfare Committees, Inskip League of Friendship, Tuberculosis Care Committees, Social Service Councils, Personal Services Committees, etc., operate throughout the County area and in order to co-ordinate their efforts with the facilities and services provided by the County Council, the Divisional Committees work in close liaison with them. In some instances members of Divisional Committees and divisional medical officers are members of these bodies and invariably, even where divisional medical officers are not actually members, they are represented at the meetings of such bodies by health visitors, welfare workers, etc.

## HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, required local health authorities to provide, equip and maintain, to the satisfaction of the Minister, premises which should be called "health centres" at which facilities should be available for all or any of the following—

- (a) general medical services ;
- (b) general dental services ;
- (c) pharmaceutical services ;
- (d) services which the local health authority are required or empowered to provide ;
- (e) hospital out-patient services ;
- (f) health education.

Further, local health authorities were required to staff any health centre established by them with the proviso that they should not employ medical or dental practitioners at health centres for the purpose of providing general medical services or general dental services under Part IV of the Act.

Although, as in the case of other services devolving on local health authorities under the Act, the County Council were required to submit to the Minister proposals for carrying out their duties under the Act, the Minister, by reason of building stringency and the need for research and expert guidance before such a new development is launched, deferred the requirement generally until a later date to be specified by him.

At the time of writing (June, 1954) no further directions with regard to health centres have as yet been issued by the Minister but, pending such, steps have been taken in conjunction with local sanitary authorities in the Administrative County to ensure that suitable sites are earmarked for future health centre purposes, and the assistance of the Town Planning authorities has been sought in this connection.

### CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother and for her child until it reaches school age facilities which include child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive every advice and care for herself and her child as well as help in the home during and after her confinement.

**Child Welfare Centres.**—The number of child welfare centres to which mothers may bring their babies and toddlers regularly for weighing and supervision continues to increase, particularly where there are new housing estates. The provision of facilities is still difficult in certain rural districts and the introduction of mobile units may be considered. The administration of existing centres has continued on the same lines as in previous years and at the end of 1953 there were 204 centres in operation. Of these the following were opened during the year on the dates shown:—

<i>Health Division No.</i>	<i>Centre</i>	<i>Date opened</i>
4	British Legion Club, Town Road, Croston	14th May.
9	Whiston Cross Methodist Sunday School, Dragon Lane, Whiston	25th August.
12	Ulundi Street, Radcliffe	5th May.
14	Post Office Buildings, Royton	28th September.
15	Congregational Church School, Clarendon Road, Eccles	14th April.
17	Albion Drive, Droylsden	1st March.

In Health Division No. 7 the centre at Cecil Road, Seaforth, was transferred to St. Thomas' Church Hall, Seaforth Road, Seaforth, on the 27th November.

Of the centres available at the end of the previous year two were closed during 1953 as follows:—

<i>Health Division No.</i>	<i>Centre</i>	<i>Date closed</i>
13	Heap Bridge, Heywood	27th January.
14	Gravel Hole Methodist School, Royton	22nd June.

The following statement gives details of attendances of children at child welfare centres during each year 1949 to 1953, and Table 7 on page 155 gives similar information on a divisional basis for 1953:—

	1949	1950	1951	1952	1953
No. of centres at end of year	179	186	192	200	204
No. of half-day sessions	10,235	10,514	10,820	11,338	11,330
No. of attendances at ages (in years)-					
0—	366,683	347,214	349,646	348,611	344,338
1—	67,294	68,358	71,428	76,243	71,363
2—4 (inclusive)	41,404	48,619	50,159	51,565	54,882
Total	475,381	464,191	471,233	476,419	470,583
Average attendances per session	46	44	44	42	42

The extension of the facilities provided over the past five years is amply evidenced by the above table and whilst, on average, the attendances per session have tended to decline the fact that such attendances vary from as little as six in the sparsely populated districts to upwards of 90 in the built-up areas and that facilities have been made available in areas hitherto unserved by child welfare centres must be kept in mind. In considering the actual number of attendances, regard must be had to the decline in the



annual number of live births since the peak post-war year, 1947. In this connection it is worthy of note that from 1949 to 1953 the proportionate decline (approximately six per cent.) was the same as that experienced in the attendances of infants under one year of age. Whilst appreciating that attendances at ages of two to four years inclusive represent only a small proportion of the potential, it may be observed that they have continued to increase despite the passing from that group of the large number of children who were born in 1947.

In addition to the facilities provided by the County Council, arrangements have existed since 1949 whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough, a payment per attendance being made by the County Council to the Corporation. The following table gives details of the aggregate attendances of County children at the St. Helens centres used during the period 1949 to 1953:—

Year	*No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)		
	0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)
1949 .....	53	11	16	374	42	24
1950 .....	104	15	23	275	23	31
1951 .....	41	7	13	122	27	25
1952 .....	34	6	5	223	27	12
1953 .....	42	15	13	249	25	19

\* For the years 1949-52 inclusive, age as at time of last attendance during year. For 1953, age as at end of year.

Generally speaking, the facilities provided for child welfare in the Administrative County in so far as centres are concerned are fairly adequate, but alternative accommodation is required in some districts and arrangements are in hand for the opening of additional centres, particularly in districts which are becoming more populous.

**Special Clinics, etc.**—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past four years and the number of attendances made for the purpose:—

Type of Session	No. of attendances			
	1950	1951	1952	1953
Minor ailments .....	6,216	5,941	5,537	5,966
Ophthalmic .....	2,940	2,880	3,090	3,480
Ear, nose and throat .....	239	213	246	852
Orthopaedic .....	7,647	7,009	5,907	6,991
Ultra-violet light .....	10,069	11,324	9,249	9,464
Speech therapy .....	178	43	111	402
Orthoptic .....	1,078	828	1,002	1,026
Skin diseases .....	69	—	—	—
Asthma, cardiac conditions .....	10	15	10	5
Chiropody .....	—	—	—	40
TOTAL .....	28,446	28,253	25,152	28,226

Arrangements also exist for the provision of convalescent care for pre-school children, where considered necessary. Details of admissions of such children to convalescent homes will be found on page 74 under the heading of “Care and After-care”.

**Antenatal and Post-natal Care.**—As in previous years these services have been maintained and the statements following give particulars of attendances, etc., at the County Council antenatal and post-natal clinics for each of the last five years. The figures for 1953 include information regarding clinics conducted by midwives whereas the figures for the years 1949 to 1952 refer only to clinics conducted by consultants and medical officers.

Antenatal Clinics

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1949 .....	78	3,775	16,871	62,555	16.6	3.7	1,843
1950 .....	77	3,663	14,914	60,898	16.6	4.1	2,104
1951 .....	77	3,452	13,840	55,494	16.1	4.0	2,482
1952 .....	78	3,445	13,991	57,175	16.6	4.1	2,315
1953 .....	82	4,173	15,933	68,442	16.4	4.3	2,442



Table 8 on page 156 gives details of the number of antenatal clinics in the respective health divisions and the number of attendances, etc., during 1953.

*Post-natal Clinics*

Year	No. of clinics at end of year	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session
1949	5	24	153	161	6.7
1950	6	51	280	329	6.5
1951	8	78	684	804	10.3
1952	8	103	919	1,047	10.2
1953	7	99	880	998	10.1

Details of attendances, etc., at the respective post-natal clinics, i.e., where separate post-natal sessions are held, are as follows:—

Health Division No.	Address of post-natal clinic	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session
8	Ashton-in-Makerfield .....	12	153	166	13.8
	Hindley .....	13	185	232	17.8
	Ince-in-Makerfield .....	13	144	185	14.2
	Orrell.....	13	90	92	7.1
	Standish .....	12	71	72	6
14	Failsworth (closed 31-3-53) .....	2	1	1	0.5
15	Patricroft .....	23	176	182	7.9
17	Denton .....	11	60	68	6.2
TOTAL—1953 .....		99	880	998	10.1

Of the number of expectant mothers attending antenatal clinics, 1,366 attended sessions conducted by midwives, leaving a total of 14,567 who attended sessions where a consultant or medical officer was in attendance. Thus, an increase in the number of mothers availing themselves of the facilities provided is shown.

Every effort has continued to be made to encourage mothers to seek post-natal advice and examination and a further slight increase in total post-natal attendances was recorded in 1953.

An investigation carried out into the proportion of women confined during the year who had a post-natal examination produced results as set out in the following table:—

	Confined in hospital	Confined in private nursing homes	Confined at home	
			Doctor engaged	No doctor engaged
Number of mothers seen by a health visitor since the sixth week after confinement .....	18,540	1,201	5,252	3,469
Number of mothers who had a post-natal examination:—				
(a) At a hospital post-natal clinic .....	9,136	111	147	81
(b) At a County Council antenatal or post-natal clinic .....	1,999	14	334	707
(c) By a general practitioner obstetrician .....	4,797	960	4,139	949
Total number examined .....	15,932	1,085	4,620	1,737
Percentage of those visited who had a post-natal examination .....	85.9	90.3	88.0	50.1

Below are shown the percentages of those mothers visited who received a post-natal examination during 1953 as compared with the two previous years. The figures for 1951 relate only to those post-natal examinations which included an intra-vaginal examination:—

					<i>Per cent.</i>		
					1953	1952	1951
Confined in hospital .....	.....	.....	.....	.....	85·9	83·2	84·2
Confined in private nursing home .....	.....	.....	.....	.....	90·3	85·5	83·0
Confined at home (doctor engaged) .....	.....	.....	.....	.....	88·0	82·3	81·4
Confined at home (no doctor engaged) .....	.....	.....	.....	.....	50·1	46·8	44·5

In Health Divisions Nos. 9 and 13, County patients attend at antenatal and post-natal clinics at St. Helens and Rochdale respectively, payment being made according to the number of cases and attendances.

At St. Helens 73 expectant mothers made 349 attendances and in addition 18 post-natal attendances were recorded; at Rochdale the respective attendance figures of County residents were 243, 1,281 and 106.

**Relaxation Classes.**—For some time classes have been held at the antenatal clinics of many hospitals at which expectant mothers carry out relaxation exercises under the direction of a physiotherapist. Arrangements were made for County Council health visitors and midwives to pay observation visits to the classes, the information thus gained being valuable to them in that they are then able to explain to expectant mothers the general nature and benefits of such exercises.

Since 1951 classes have been organised at certain County Council clinics and are under the direct supervision of a qualified physiotherapist.

During 1953 two new classes were commenced and arrangements are in hand for the commencement of further classes. Details of attendances, etc., are given in the following statement:—

Health Division No.	Name of clinic	No. of sessions	No. of individuals attending	No. of attendances
5	Accrington .....	42	343	803
	Clitheroe .....	39	112	269
	Darwen .....	39	331	518
7	Litherland .....	20	18	62
	Waterloo .....	23	16	99
11	Westhoughton .....	45	37	225
12	Rawtenstall .....	6	13	25
	Whitefield .....	43	83	374
14	Middleton .....	25	148	224
15	Patricroft .....	50	102	446
	Swinton .....	42	99	333
	Walkden .....	24	57	281
TOTAL—1953 .....		398	1,359	3,659
1952 .....		270	532	2,533

**Family Planning Clinics.**—The County Council do not provide their own family planning clinics but make case payments to local health authorities or family planning associations in respect of women referred to their clinics by medical officers in the service of the County Council. The only cases which such medical officers are authorised to send for advice to family planning clinics are mothers who, strictly for medical reasons and in the interests of their health, require advice on birth control. During 1953 the number of County cases referred was 104 as compared with 73 in 1952 and 56 in 1951. Further particulars of the cases for 1953 are given below:—

Health Division No.	Name and address of clinic	No. of cases authorised to attend
2	Friend's Hall, Fenton Street, Lancaster .....	7
3	Municipal Health Centre, Whitegate Drive, Blackpool .....	8
4	Preston and District Family Planning Clinic, Congregational School, Old Vicarage, Lancaster Road, Preston .....	3
8	Municipal Buildings, Millgate, Wigan .....	9
11	71 Bark Street, Off Knowsley Street, Bolton .....	1
13	Baillie Street, Rochdale .....	33
14	Baillie Street, Rochdale .....	24
15	71 Bark Street, Off Knowsley Street, Bolton .....	2
	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester .....	10
16	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester .....	7
TOTAL .....		104

**Dental Care of Mothers and Young Children.**—The general arrangements for the dental examination and treatment of mothers and young children were maintained, and in many instances improved, during 1953.

An amendment of the proposals for implementation of the National Health Service Act set out in the Report for 1947 has transferred to the County dental service the entire responsibility for the provision of free dentures for expectant and nursing mothers. This replaces the previous arrangement that such cases could be referred to general dental practitioners.

The staff position has improved to some extent and the number of clinics operating has now reached the level attained prior to 1948.

Dental treatment is made available through the agencies of obstetricians and general medical practitioners. Where possible dental clinics are held to coincide with antenatal clinics. This latter arrangement is found to be most advantageous as the expectant mother can be referred directly to the dental officer and a dental examination carried out without incurring the need for a second visit. Medical officers in charge of post-natal clinics also refer cases for dental treatment.

The scope of treatment is comprehensive, covering examination, any necessary conservative treatment of teeth and gums, extractions, general and local anaesthetics, and the supply and repair of dentures. Where it is necessary for dentures to be provided, impressions are taken by the dental officers and these are sent to private dental laboratories to be manufactured. The fitting is, of course, carried out at the dental clinic by the dental officer. Patients, during their attendance, are instructed in oral hygiene. Facilities also exist for reference to hospital of cases requiring dental radiological examination or oral surgery.

The arrangements for reference of pre-school children largely depend on the child welfare clinics and upon the health visitors. The latter play a most important role in forming the initial contact between the child and the dental service. Once the child has attended a clinic a reminder card is sent as the time approaches for re-inspection. Wherever possible, the dental inspection of children attending day nurseries is carried out at regular intervals.



Particulars of treatment afforded to expectant and nursing mothers and to pre-school children during 1953 are given in the tables below, together with the corresponding figures for each of the preceding four years. Whilst the figures generally for 1953 again showed an improvement on those for the previous year, it is of interest to note that the attendances of pre-school children were the highest yet recorded and that the number of fillings for this category of patient has not previously been attained.

Dental Treatment of Expectant and Nursing Mothers

	1949	1950	1951	1952	1953
No. inspected .....	2,628	2,776	2,059	2,551	2,703
No. needing treatment .....	*	*	1,428	1,793	1,988
No. treated .....	1,475	1,518	1,199	1,434	1,656
No. made dentally fit .....	*	*	620	806	930
No. of attendances .....	4,051	3,974	3,095	3,677	4,277
No. of extractions .....	4,017	3,483	2,579	3,113	4,299
No. of local anaesthetics .....	*	*	195	244	239
No. of general anaesthetics .....	700	652	545	634	803
No. of scalings .....	455	417	316	363	447
No. of fillings .....	795	859	562	831	972
No. of other operations .....	1,613	1,514	1,286	1,149	1,254
No. of dentures—supplied .....	322	375	334	380	430
repaired .....	6	7	10	21	16
No. of radiographs .....	*	*	*	*	12

\* Not available.

Dental Treatment of Pre-school Children

	1949	1950	1951	1952	1953
No. inspected .....	2,497	3,091	3,762	3,531	4,010
No. needing treatment .....	*	*	2,944	3,042	3,187
No. treated .....	2,021	2,506	2,824	2,984	3,085
No. of attendances .....	3,469	3,915	4,563	4,960	5,439
No. of extractions .....	3,238	3,506	4,237	4,215	4,281
No. of local anaesthetics .....	*	*	297	347	327
No. of general anaesthetics .....	1,157	1,414	1,875	1,804	1,795
No. of other operations .....	1,531	1,229	1,435	1,499	1,432
No. of scalings .....	14	36	12	14	68
No. of fillings .....	621	1,055	953	1,371	1,522
No. of radiographs .....	*	*	*	*	3

\* Not available.

At the end of 1953 there were 73 County dental clinics in operation and at these the number of sessions devoted solely to maternity and child welfare patients during the year was 672.

**Care of Premature Infants.**—Arrangements are made for the special attention of health visitors to be drawn to all premature births notified (i.e., those whose birth weight is 5½lb. or less) and such infants are visited as early as possible. Besides providing the advice usually required in such cases the health visitor pays particular attention to the need for the services of a home help and, when the baby is being nursed at home, the provision of suitable equipment. A number of articles, such as special cots, feeders, hot-water bottles, etc., are held in each division for loan where the need arises. In appropriate cases the babies are transferred to hospital or specialists are called to the home.

The following table gives particulars of the survival beyond 24 hours and 28 days of premature infants belonging to the Administrative County area and born during 1953. Comparative figures for each of the preceding four years are also given.

	1949		1950		1951		1952		1953	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Notified premature births belonging to Administrative County .....	2,132	100	2,106	100	2,074	100	2,098	100	2,270	100
Survived 24 hours .....	1,910	89·6	1,927	91·5	1,903	91·8	1,913	91·2	2,076	91·5
,,    28 days .....	1,725	80·9	1,755	83·3	1,737	83·8	1,737	82·8	1,919	84·5

The table below shows by weight groups the number of premature births assignable to the Administrative County area in 1953 and the previous year:—

	Weight at birth				
	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	Total— 5lb. 8oz. or less
Number born—					
(i) at home .....	53	97	70	295	515
(ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby Homes .....	4	9	17	40	70
(iii) in hospitals, including maternity homes in the National Health Service .....	210	318	343	814	1,685
TOTAL..... 1953 .....	267	424	430	1,149	2,270
1952 .....	241	388	414	1,055	2,098

The total number of 2,270 premature infants belonging to the area for the year 1953 represented 7.5 per cent. of the 30,296 notified live births assignable to the area as compared with 7.2 per cent. for the previous year.

Of the 515 premature infants born at home, 125 were transferred to hospital and these were mainly under the weight of 4lb. 6oz. Only one of the 70 premature infants born in private nursing homes was transferred to hospital.

The following table shows, in respect of premature infants whose mothers were normally resident in the County area the proportions surviving 24 hours and 28 days respectively together with comparative totals for 1952:—

	Proportion (per cent.) of infants surviving—															
	24 hours								28 days							
	3 lb. 4 oz. or less		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.		3lb. 4oz. or less		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.	
			No.	%	No.	%	No.	%			No.	%	No.	%	No.	%
Of those born—																
* (i) at home .....	27	50.9	90	92.8	68	97.1	291	98.6	14	26.4	76	78.4	63	90	281	95.3
* (ii) in private nursing homes including maternity homes not in the National Health Service and Mother and Baby Homes .....	1	25	6	66.7	14	82.4	40	100	1	25	6	66.7	14	82.4	40	100
(iii) in hospitals including maternity homes in the National Health Service .....	112	53.3	286	89.9	338	98.5	803	98.6	58	27.6	248	78.0	327	95.3	791	97.2
All births—1953 .....	140	52.4	382	90.1	420	97.7	1,134	98.7	73	27.3	330	77.8	404	94.0	1,112	96.8
1952 .....	139	57.7	355	91.5	395	95.4	1,024	97.1	62	25.7	308	79.4	374	90.3	993	94.1

\* These include any born at home or in a private nursing home who were transferred to hospital.

Detailed information with regard to the premature infants referred to above is given, by health divisions, in Tables 9 and 10, pages 157 and 158.



**Ophthalmia Neonatorum, Pemphigus Neonatorum and Puerperal Pyrexia.**—The following table sets out the numbers of cases notified during the year 1953 and particulars of action taken. The numbers of notifications are uncorrected for subsequent changes of diagnosis:—

	Ophthalmia neonatorum		Pemphigus neonatorum		Puerperal pyrexia	
	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements
No. of cases notified .....	12	10	1	—	37	195
No. of cases visited by officers of County Council .....	9	2	1	—	15	17
No. of cases for whom home nursing was provided .....	—	—	—	—	12	—
No. of cases removed to hospital .....	4	1	—	—	10	3

None of the 22 cases of ophthalmia neonatorum was transferred out of the Administrative County area whilst still receiving treatment. Two cases were still under treatment at the end of the year but it is confirmed that in all of the 22 cases vision was unimpaired and there is therefore a record of no cases of blindness due to ophthalmia neonatorum in the County Council midwifery area since 1936.

**Care of Unmarried Mothers and their Children.**—The care of the illegitimate child is undertaken by the Health Committee whilst it remains with the mother but in other cases, i.e., where the child is deprived of a normal home life, the Children's Committee undertake the work. A careful watch is maintained on illegitimate children by the County health visitors who work in co-operation with the Children's Department officers and moral welfare workers. Wherever possible entry into a day nursery is arranged for the child if it is necessary for the mother to go out to work.

The County Council do not administer any mother and baby homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various moral welfare societies and in all but one instance payment is made on a case basis. The exception is the St. Monica Maternity Home, Kendal, to which an annual grant is made under the terms of an agreement between the managers of the Home and five local health authorities.

Particulars of the County cases for which accommodation has been provided during the last five years are given in the following statement:—

Year	Expectant mothers	Post-natal cases	Total
1949 .....	80	3	83
1950 .....	112	11	123
1951 .....	105	16	121
1952 .....	153	21	174
1953 .....	171	27	198

Considered in relation to the total registered illegitimate births assigned to the Administrative County area during the same periods the total cases mentioned above amounted to six per cent. in 1949, 10 per cent. in 1950 and 1951, 15 per cent. in 1952 and 18 per cent. in the year under report.

The numbers of unmarried expectant mothers and post-natal cases admitted to the various Mother and Baby Homes from each health division during 1953 are shown in Table 11 on page 159.

The work of the moral welfare societies, in addition to providing hostel and maternity accommodation, includes the giving of advice and assistance in their own homes to women who are expecting or who have given birth to illegitimate children. The County Council consider that this work merits some recognition from them as local health authority and they decided in 1952 to make a grant of 90 per cent. of the cost subject to a maximum of £3. 15s. for each new case resident in the Administrative County and taken on the books of the outdoor workers employed by the societies. The scheme came into operation on the 1st October, 1952, and during the six months ended 31st March, 1953, grants were paid in respect of 186 such cases. During the financial year ended 31st March 1954, the number of new cases in respect of which grants were made was 364.

**Mothercraft Training.**—There are two centres which undertake mothercraft training. One has opened recently at Spofforth Hall, near Harrogate, and is sponsored by the Elizabeth Fry Memorial Trust, and the other is the Brentwood Recuperative Centre which has been available for some years and is organised by the Community Council of Lancashire. Only one case has so far been sent to Spofforth Hall from the Administrative County area but altogether eight mothers with their children went to Brentwood for a period of four to eight weeks.

Case reports are received from the warden on the progress of training at Brentwood and arrangements have been made for health visitors to follow up the progress of a family when they have returned home. There is no doubt that in most cases the training and discipline of Brentwood has secured a great improvement in the ability of the mothers to maintain family life.



**Children Neglected or Ill-treated in their own Homes.**—In giving effect to the joint circular issued in July, 1950, by the Home Office, Ministry of Education, and Ministry of Health, the County Medical Officer of Health has been designated by the County Council as co-ordinating officer for this purpose and the divisional medical officers in the seventeen health divisions act as area co-ordinating officers.

Conferences, presided over by divisional medical officers, have been held in all health divisions to which representatives of all interested bodies have been invited. These include, in addition to officers of the County Council such as assistant divisional medical officers, assistant superintendent health visitors, health visitors, home help organisers, duly authorised officers, area children's officers, divisional education officers, school attendance officers and police, representatives of County District Councils (clerks, medical officers of health, sanitary inspectors, housing managers), magistrates' courts (assistant magistrates' clerks, probation officers), hospitals (almoners), Ministry of Pensions (area officers), National Assistance Board (area officers), and voluntary organisations (N.S.P.C.C., W.V.S., Diocesan Moral Welfare Societies).

As a result of these conferences it is now the practice in most of the health divisions to hold case conferences at regular intervals. In other health divisions where the number of cases is small case conferences are called as occasion merits.

Reports sent in by divisional medical officers indicate that the case conferences serve a most useful purpose not only because they provide an opportunity for an exchange of ideas as to the best means of dealing with particular cases but also because they help officers with a common aim to get to know each other and to understand and appreciate more fully their functions and problems.

The attention given to cases does not of course necessarily have to wait for the calling of conferences, as divisional medical officers, acting as area co-ordinating officers, take action to bring in any agency which is likely to be able to assist as soon as cases come to their notice.

The chief merit of the case conferences is that all bodies interested are able to put forward their experiences of the particular families under discussion, their ideas of what practical help should be given, and by whom it would best be given; in other words by pooling their knowledge and resources concerted action can be taken, an arrangement which is much more likely to result in a successful issue than action by a multiplicity of bodies operating independently and in ignorance of each other's activities.

There is no doubt that the adoption of the recommendation contained in the joint circular to appoint a co-ordinating officer has proved to be a most useful contribution by harnessing the forces dealing with this problem and whilst in itself this is no cure, it does represent an advance in approach which can scarcely fail to achieve better results than have hitherto been possible.

**Day Nurseries.**—During 1953 three new nurseries were opened and four were closed resulting, as can be seen from the following statement, in a net loss of 16 child places:—

Health Division No.	Location of nursery	Date	No. of child places
<i>Opened—</i>			
5	Accrington—Thorneyholme Road .....	25th September .....	50
11	Clayton-le-Moors—Atlas Street .....	9th February .....	50
	Farnworth—Piggott Street .....	7th April .....	50
<i>Closed—</i>			
5	Great Harwood—"Northlands" .....	6th February .....	50
	Accrington—Moss Hall Road .....	24th September .....	47
6	Padiham—Mare Park Road .....	30th January .....	39
8	Standish—Langtree Grange, Rectory Lane .....	30th June .....	30
Net decrease in child places during 1953 .....			16

The total day nursery accommodation provided by the County Council at the end of 1953 is compared below with that for each of the previous four years:—

Year	Day Nurseries	Child places
1949 .....	53 .....	2,482
1950 .....	58 .....	2,707
1951 .....	62 .....	2,939
1952 .....	59 .....	2,756
1953 .....	58 .....	2,740

Details of attendances, etc., at County Council day nurseries during 1953 are given in the following statement together with the corresponding figures for each of the previous four years. Similar information for 1953 in respect of each health division is shown in Tables 12 and 13, pages 160 and 161:—

	1949	1950	1951	1952	1953
No. of children on registers at end of year .....	2,476	2,734	3,040	2,452	2,710
No. of children on waiting lists at end of year.....	3,268	2,410	2,310	721	1,180
Total No. of attendances (Monday to Friday).....	444,078	510,567	574,525	556,820	489,728
No. of mothers released for full-time employment at end of year .....	2,188	2,432	2,708	2,092	2,329
No. of mothers released for part-time employment at end of year .....	70	56	41	112	56
*Full-time equivalent of staff employed at end of year .....	627	693	719	700	683
Ratio to one member of staff of mothers released for full-time employment at end of year .....	3.49	3.51	3.77	2.99	3.41

\* Includes domestics. For 1952 and 1953 two students in training were counted as one unit of staff. For previous years three students were counted as one unit.

**TRAINING OF STUDENTS.**—Of the 58 nurseries administered by the County Council at the end of 1953, 33 were approved for the training of nursery students.

There are two nursery training schools in the Administrative County area at Newton-le-Willows and Penwortham, near Preston, staffed principally by the Lancashire County Education Committee but assisted at each school by a health visitor who acts as health tutor.

Some interchange of students takes place between nurseries and nursery schools as facilities are not available at the latter for training in the care of children under two years of age.

**ADMISSION TO NURSERIES.—Priorities.**—First call on the accommodation available is granted to what are generally referred to as social cases, i.e., persons responsible for the care of young children who must of necessity go out to work to earn a living. Social cases include unmarried mothers, widows, widowers, women separated, divorced, or deserted; also included are women who are unable to look after their children owing to illness or confinement.

**Charges.**—Revised charges authorised by the National Health Service Act, 1952, were put into effect from the 1st December, 1952, and were again revised on the 16th March 1953. Details are given below, viz.:—

				<i>Charges for a full day's attendance</i>	
				<i>First child from a family</i>	<i>Additional children from same family</i>
Prior to 1st December, 1952	.....	.....	.....	2/-	2/-
From 1st December, 1952	.....	.....	.....	5/-	3/6
From 16th March, 1953	.....	.....	.....	5/-	2/9

Remission of these charges either in whole or in part is granted according to family circumstances.

As the increase in charges coincided with a trade depression there was a substantial fall in the demand for nursery accommodation towards the end of 1952 but by December, 1953, the demand had again risen to capacity level with 2,710 children on the registers and 1,180 on the waiting lists for 2,740 child places.

**Nurseries and Child Minders Regulation Act, 1948.**—All premises used as day nurseries and all child minders, as defined in this Act, must be registered and comply with standards adopted by the Health Committee. These standards are designed to prevent overcrowding, to ensure adequate toilet facilities and in general to provide for the health and safety of the children. Periodical inspections are carried out by the County Council's medical officers to ensure that the conditions of registration are observed.

Particulars of the registrations at the end of 1953 are given for each health division in the statement below and, in total, are compared with the corresponding figures at the end of each of the preceding four years.

Health Division No.	Nurseries		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
7	—	—	1	10
11	2	70	—	—
12	2	133	1	5
13	5	176	—	—
14	37	1,540	—	—
15	2	99	—	—
16	—	—	2	11
17	2	65	—	—
TOTAL—1953	50	2,083	4	26
1952	50	2,160	3	17
1951	52	2,147	2	12
1950	49	1,937	2	13
1949	41	1,425	1	8



**Notified Births.**—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the Medical Officer of Health of the Welfare Authority for the area in which the birth takes place. The County Council are the Welfare Authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the Divisional Medical Officer of the health division in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors in the division is greatly facilitated.

The numbers of notified births occurring in each health division during the year 1953 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Division No.	In hospitals, maternity homes, etc.								In the home								Total							
	Live births							Still-births	Live births							Still-births	Live births							Still-births
	Prena-ture		Mature		Total		Prena-ture		Mature		Total		Prena-ture	Mature			Total							
	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.		M.	F.		M.	F.	M.	F.				
1	4	8	128	117	132	125	1	—	2	5	80	67	82	72	1	—	6	13	208	184	214	197	2	—
2	38	56	608	575	646	631	16	20	5	9	184	174	189	183	3	1	43	65	792	749	835	814	19	21
3	32	29	414	375	446	404	4	5	4	11	165	161	169	172	2	1	36	40	579	536	615	576	6	6
4	75	91	838	774	913	865	16	31	15	18	291	257	306	275	1	10	90	109	1,129	1,031	1,219	1,140	17	41
5	27	31	530	485	557	516	11	5	14	13	210	177	224	190	1	3	41	44	740	662	781	706	12	8
6	21	20	304	290	325	310	3	11	15	12	199	160	214	172	2	2	36	32	503	450	539	482	5	13
7	32	48	592	577	624	625	13	10	12	12	301	277	313	289	4	8	44	60	893	854	937	914	17	18
8	82	102	592	522	674	624	39	34	17	21	363	379	380	400	5	11	99	123	955	901	1,054	1,024	44	45
9	74	76	765	682	839	758	36	27	40	52	606	566	646	618	15	14	114	128	1,371	1,248	1,485	1,376	51	41
10	16	20	360	280	376	300	2	5	18	15	252	236	270	251	5	5	34	35	612	516	646	551	7	10
11	127	86	1,138	1,031	1,265	1,117	58	33	26	26	430	401	456	427	9	—	153	112	1,568	1,432	1,721	1,544	67	33
12	38	49	509	446	547	495	8	10	6	9	199	206	205	215	3	2	44	58	708	652	752	710	11	12
13	48	48	491	460	539	508	14	23	6	10	214	205	220	215	6	7	54	58	705	665	750	723	20	30
14	—	—	—	—	—	—	—	—	15	20	361	294	376	314	5	6	15	20	361	294	376	314	5	6
15	6	12	177	159	183	171	4	1	11	13	277	261	288	274	4	4	17	25	454	420	471	445	8	5
16	90	88	1,121	1,028	1,211	1,116	23	32	5	9	141	125	146	134	1	—	95	97	1,262	1,153	1,357	1,250	24	32
17	73	78	636	539	709	617	23	27	23	26	382	315	405	341	5	11	96	104	1,018	854	1,114	958	28	38
Ad-minis-trative County	783	842	9,203	8,340	9,986	9,182	271	274	234	281	4,655	4,261	4,889	4,542	72	85	1,017	1,123	13,858	12,601	14,875	13,724	343	359

Note : A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

Of the total notified births occurring during the year, 19,713 or 67·3 per cent. occurred in hospitals or maternity homes in the Administrative County area, the remaining 9,588 or 32·7 per cent. taking place in the home of the mother or her relatives. The year 1953 therefore presented a check to the tendency which had been steadily increasing since the inception of the National Health Service for mothers to be confined in hospital rather than at home. The proportion of domiciliary births to total births had declined progressively from 46·7 per cent. in the latter half of 1948 to 32·5 per cent. in 1952 and it may now be that, at least temporarily, some degree of equilibrium has been reached in the use made of the complementary hospital and domiciliary services.

The live births classified as premature numbered 2,140, or 7·5 per cent. of the total live births, the corresponding proportions amongst institutional and domiciliary live births being 8·5 per cent. and 5·5 per cent. respectively. This greater incidence of prematurity amongst hospital and nursing home births is a normal occurrence which is largely due to the fact that complicated pregnancies and other conditions often requiring early induction of labour are usually referred to hospitals.

It is also usual for prematurity to be greater amongst female than male births, the respective percentages of premature births to total live births of the appropriate sex being 6·2 and 4·8 in respect of domiciliary births and 9·2 and 7·8 in respect of those occurring in hospitals, maternity homes, etc.

Stillbirths represented 2·4 per cent. of the total notified births, as in the previous year.

In contrast to the above table, the statement inserted below provides, for the year 1953, details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after re-assignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter relate to *notified* births and therefore, although corrected for transfers, differ in some small degree from the numbers of *registered* births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								Total							
	Live births						Still- births	Live births						Still- births	Live births						Still- births			
	Prema- ture		Mature		Total			Prema- ture		Mature		Total			Prema- ture		Mature		Total					
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.				
No. occurring in Administrative County	783	842	9,203	8,340	9,986	9,182	271	274	234	281	4,655	4,261	4,889	4,542	72	85	1,017	1,123	13,858	12,601	14,875	13,724	343	359
Transferred out of the Administrative County areas of other L.H. Authorities	268	263	2,655	2,362	2,923	2,625	81	95	1	2	42	27	43	29	—	2	269	265	2,697	2,389	2,966	2,654	81	97
Occurring in and belonging to Administrative County	515	579	6,548	5,978	7,063	6,557	190	179	233	279	4,613	4,234	4,846	4,513	72	83	748	858	11,161	10,212	11,909	11,070	262	262
Transferred into Administrative County areas of other L. Authorities	312	349	3,513	3,121	3,825	3,470	124	116	2	1	9	10	11	11	1	2	314	350	3,522	3,131	3,836	3,481	125	118
No. belonging to Administrative County	827	928	10,061	9,099	10,888	10,027	314	295	235	280	4,622	4,244	4,857	4,524	73	85	1,062	1,208	14,683	13,343	15,745	14,551	387	380

Note : A birth is regarded as "premature" if the birth weight is 5½ lb. or less.



The foregoing table shows that of the 29,301 births which occurred in the Administrative County 5,798 were transferable to the areas of other local health authorities, i.e., County Boroughs and other Counties. At the same time 7,560 births which occurred in the areas of other local health authorities were transferred to the Administrative County. The criterion for transfer is the normal or usual place of residence of the mother.

### MIDWIFERY

The County Council provide a domiciliary midwifery service by employing whole-time district midwives and district nurse-midwives. The numbers employed on the 31st December, 1953, are shown in the statement below where they are compared with the numbers employed in the previous four years.

	<i>No. employed at end of year</i>				
	1949	1950	1951	1952	1953
District midwives .....	217	201	188	183	184
District nurse-midwives .....	88	80	76	76	73

Supervision is carried out by a non-medical supervisor of midwives and two assistants.

For the first time since the war the number of domiciliary births attended by district midwives and nurse-midwives showed an increase over the previous year. Nevertheless, the proportion represented by them in relation to the total births assignable to the Administrative County area continued to decline. In 1949 district midwives and nurse-midwives delivered 37 per cent. of infants born to women normally resident in the County area. By 1953 this percentage had fallen to 30.

The following table shows the numbers of cases (including miscarriages) attended by midwives in the various services during each year from 1949 to 1953.

	Total cases attended				
	1949	1950	1951	1952	1953
(a) Local Health Authority Service—					
County Council midwives .....	11,586	10,529	9,225	8,586	9,034
County Council district nurse-midwives.....	1,477	1,234	1,037	891	802
(b) Hospital services—					
In State hospitals .....	16,578	16,749	17,510	17,922	18,688
In voluntary hospitals .....	—	—	—	—	—
(c) In private practice—					
Domiciliary .....	291	244	136	94	64
Nursing homes, etc. ....	1,606	1,276	1,385	1,553	1,620
<b>TOTAL—All services .....</b>	<b>31,538</b>	<b>30,032</b>	<b>29,293</b>	<b>29,046</b>	<b>30,208</b>

In addition to these cases County Council midwives are required to attend up to the 14th day after confinement those mothers confined in hospital but discharged before the end of that period. The numbers of such cases attended in 1953 and of visits made to them are given below together with similar information for 1951 and 1952.

<i>Year</i>	<i>Cases</i>	<i>Visits</i>
1951 .....	3,239	9,228
1952 .....	3,059	8,793
1953 .....	3,560	11,720

**Analgesia.**—At the end of the year 180 district midwives and 72 district nurse-midwives employed by the County Council were qualified to administer gas/air analgesia and all had the use of a Minnitt gas/air machine. The percentage of confinements at which gas/air analgesia was given in 1949 was 55 per cent. and this had risen to 74 per cent. in 1953.

Pethidine was also widely used both alone and in conjunction with gas/air. In 1953 it was administered at 41 per cent. of the confinements attended by the County Council's domiciliary midwives. It is not possible to compare this figure with those available in previous years as until 1953 separate details were not available for cases where both pethidine and gas/air were administered.

Trilene was again used in a small number of cases where the doctor was present at the birth. As in the two previous years, it was given at approximately 1 per cent. of the confinements attended.

**Dangerous Drugs Regulations, 1953.**—These regulations, which came into operation in March, 1953, amended the existing regulations regarding the supply of dangerous drugs to midwives for use on their own responsibility. The new regulations no longer require a midwife to produce her personal register to the supplier of the drugs, but instead require her to produce a supply order signed by the medical officer of the local supervising authority or an authorised deputy who may be a non-medical supervisor of midwives. The new regulations make possible a more efficient control by the local supervising authority of the use of dangerous drugs by midwives on their own responsibility.



Midwives in the Administrative County area can obtain a supply order from any of the County Council's divisional medical officers or from the County Supervisor of Midwives or her assistants.

**District Training of Pupil Midwives.**—Thirty-four of the County Council's midwives are approved by the Central Midwives Board as pupil midwife teachers. Instruction in district midwifery is given to pupil midwives undertaking Part II midwifery training.

The question of the payment of the cost of Part II midwifery training was discussed during the year by the County Councils Association, the Association of Municipal Corporations, London County Council and the Ministry of Health. As a result of these discussions it was recommended that 40 per cent. of the cost of this training should be met by local authorities and 60 per cent. by regional hospital boards on condition that the total apportioned expenditure falling on local health authorities should be borne in equitable shares by all of them and not solely by those authorities participating in training.

The County Council accepted the recommendation of the local authority associations. The new arrangements, however, did not come into operation during the year.

**Post-Graduate Training.**—The Royal College of Midwives organised seven post-graduate courses during 1953. The County Council obtained vacancies on five of these and, in all, 25 midwives attended. Details are as follows:—

22nd to 27th March, 1953	.....	A resident school at King's College, Newcastle-on-Tyne.
19th to 25th July, 1953	.....	A resident school at Lady Margaret Hall, Oxford.
6th to 12th September, 1953	.....	A resident school at Leeds University.
20th to 26th September, 1953	.....	A resident school for midwife teachers and midwives engaged in teaching at Birmingham University.
26th to 31st October, 1953	.....	A non-resident school at Denison House, London.

A series of lectures was held at the County Hall, Preston, on the afternoons of the 19th and 26th November and the 1st December. The subjects chosen by the lecturers were—obstetric shock, psychological factors in pregnancy, labour and the puerperium, difficult deliveries in multiparae, breast feeding, easing the pains of childbirth, recent developments in the care of the newborn. Owing to the demands on the midwifery service it was not possible to allow midwives to attend all three sessions but every midwife had the opportunity of attending one session. Ninety midwives attended on the 19th November, 79 on the 26th November and 90 on the 1st December. These figures include a small number from the County Boroughs of Blackpool and Preston whose midwives had been invited to attend.

As in previous years the Manchester Corporation arranged a series of lectures and these were attended by a number of County Council midwives working in areas adjacent to the city.

**First Aid in Midwifery.**—The County Supervisor of Midwives gave a number of lectures on "First aid in midwifery" during the year to police personnel at the County Police Training School, Stanley Grange, Houghton, and at the County Police Headquarters, Hutton.

Lectures were also given by the Supervisor and her assistants to the County Council's ambulance personnel in all health divisions.

**Motor Transport.**—At the end of 1953, 152 district midwives, or 83 per cent. of those employed, were using motor cars for official duties. Sixteen of the cars were provided by the County Council, the remainder being privately owned.

Details of vehicles used by nurse-midwives are included in the statement on motor transport in the Home Nursing section of this report.

**Housing of County Council Midwives.**—Prior to 1953, nineteen houses had been completed under the joint scheme for building houses for midwives and police personnel. During 1953 the following seven houses were completed:—

71B Ryelands Road, Lancaster.  
139 Moorfield Road, Widnes.  
115 Lower House Lane, Widnes.  
3 Westmorland Road, Tyldesley.  
91 and 93 Bankside Lane, Bacup.  
33 Gorseyfields, Droylsden.

At the end of the year two more houses were under construction.

Of the 184 midwives employed on the 31st December, 1953, 29 occupied houses owned by the County Council, 24 occupied district council houses rented by the County Council and licensed on service tenancies to the midwives, one occupied a house tenanted by the County Council from a private owner, whilst 27 tenanted council houses direct from local housing authorities. The remaining 103 midwives provided their own accommodation.

**Defence Regulation 33.**—This Regulation was cancelled in 1953 but the Act cancelling it stated that any order made under the provisions of the Regulation could continue in operation without limit of time, but that a local supervising authority had power to revoke an order at any time.

The County Council had in the past made two orders under Defence Regulation 33 and, as the two midwives concerned no longer complied with the conditions laid down in the orders, these were revoked.

## STATISTICS

INFORMATION RELATING TO ALL THE MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA.

**Roll of Midwives.**—The following table shows the distribution of all midwives on the County roll on the 31st December, 1953, in the various types of service:—

Type of service	Maternity nurses only	Midwives	
		Total No.	No. qualified to administer gas/air analgesia
(a) Local Health Authority services—			
County Council midwives .....	—	184	180
County Council district nurse-midwives .....	—	73	72
(b) Hospital services—			
In State hospitals .....	—	260	221
In voluntary hospitals .....	—	—	—
(c) In private practice—			
Domiciliary .....	6	27	12
Nursing homes, etc. ....	2	37	25
TOTAL—All services .....	8	581	510

**Cases attended.**—The numbers of cases attended during the year 1953 by the midwives in all districts of the Administrative County are given below:—

Type of service	Confinements	Miscarriages	Total cases	Confinements at which gas/air analgesia was given
(a) Local Health Authority services—				
County Council midwives .....	8,633	401	9,034	6,417
County Council district nurse-midwives .....	765	37	802	546
(b) Hospital services—				
In State hospitals .....	17,812	876	18,688	12,184
In voluntary hospitals .....	—	—	—	—
(c) In private practice—				
Domiciliary .....	64	—	64	9
Nursing homes, etc. ....	1,614	6	1,620	609
TOTAL—All services .....	28,888	1,320	30,208	19,765



**Notifications.—MEDICAL AID, STILLBIRTHS AND DEATHS.**—The following is a statement of the notifications, required to be sent by midwives to the County Council as Local Health Authority, which were received during 1953:—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Still-births	Deaths	
			Mother	Child (under 1 month)
(a) Local Health Authority services—				
County Council midwives .....	1,802	125	5	55
County Council district nurse-midwives .....	62	5	—	6
(b) Hospital services—				
In State hospitals .....	733	25	—	12
In voluntary hospitals .....	—	—	—	—
(c) In private practice—				
Domiciliary .....	—	1	—	—
Nursing homes, etc. ....	22	10	—	10
<b>TOTAL—All services .....</b>	<b>2,619</b>	<b>166</b>	<b>5</b>	<b>83</b>

In the following table the numbers of notifications received from all midwives on the County roll during 1953 are compared with those for each of the four previous years.

Year	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
1949	3,416	241	11	141
1950	2,336	211	9	112
1951	1,968	194	7	95
1952	2,567	169	8	73
1953	2,619	166	5	83

A similar comparison is given below in respect of medical practitioners' claims for fees for emergency calls made by midwives during 1953 and the four previous years.

Year	No. of medical aid forms received	No. of claims made by medical practitioners	Total amount of claims paid	Average amount per claim
1949	3,416	2,212	£ 7,163 s. 5 d. 0	£ 3 s. 4 d. 9
1950	2,336	1,286	4,009 2 6	3 2 4
1951	1,968	812	2,522 11 6	3 2 2
1952	2,567	644	2,013 4 6	3 2 6
1953	2,619	544	1,673 1 4	3 1 6

## INFORMATION RELATING TO THE COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives particulars of cases attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during the year under report and the four previous years. It must be pointed out that the cases recorded from 1952 refer to actual confinements and miscarriages whilst those in the preceding years refer to live births, stillbirths and miscarriages. However, it is considered that the difference of classification involved is not so great as to preclude the use of the figures for crude comparison.

	1949		1950		1951		1952		1953	
	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Cases attended:—										
As midwife .....	8,517	726	7,954	623	6,963	503	6,629	442	7,117	345
As maternity nurse .....	2,499	633	2,089	528	1,814	462	1,568	406	1,516	420
Miscarriages .....	570	118	486	83	448	72	389	43	401	37
TOTALS .....	11,586	1,477	10,529	1,234	9,225	1,037	8,586	891	9,034	802
	13,063		11,763		10,262		9,477		9,836	

Details of cases discharged from hospital before the 14th day of the lying-in period are given below for the year under report together with the numbers of visits made by midwives and nurse-midwives. Such cases are not included in the preceding table.

	Cases attended			Visits		
	As midwife	As maternity nurse	Total	As midwife	As maternity nurse	Total
County Council midwives .....	2,836	512	3,348	8,467	2,204	10,671
County Council district nurse-midwives .....	88	124	212	408	641	1,049
TOTAL .....	2,924	636	3,560	8,875	2,845	11,720

The following statement gives information on the administration of gas/air analgesia, pethidine and trilene during 1953:—

	Gas/Air			Pethidine		Trilene
	Alone	With pethidine	With trilene	Alone	With trilene	
Midwives—						
As midwife .....	2,829	2,550	—	386	—	—
As maternity nurse .....	421	564	53	61	21	23
Nurse-midwives—						
As midwife .....	165	94	—	20	—	—
As maternity nurse .....	175	98	14	20	11	2
TOTAL .....	3,590	3,306	67	487	32	25



The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births is shown in the statement below:—

	1949	1950	1951	1952	1953
(a) Total No. of live and still births occurring in the Administrative County.....	30,327	29,079	28,124	28,409	29,301
(b) No. of (a) which were domiciliary .....	12,801	11,429	9,923	9,234	9,588
(c) No. of (b) which were attended by County Council midwives and nurse-midwives .....	12,375	11,194	9,742	9,083	9,467
(d) Percentage of (c) to (a) .....	41	38	35	32	32
(e) Percentage of (c) to (b) .....	97	98	98	98	99

In the following statement particulars are given, for 1953 and each of the four preceding years, of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives, and of total visits paid:—

*Deaths of mother or child (including deaths after removal to hospital)—*

	1949	1950	1951	1952	1953
No. of live and still births attended .....	12,375	11,194	9,742	9,083	9,467
No. of deaths of mother .....	9	4	6	6	10
Deaths of mother per 1,000 births attended.....	0.73	0.36	0.62	0.66	1.06
No. of deaths of child .....	146	89	76	95	109

*\* Visits paid—*

	1949	1950	1951	1952	1953
Whole-time midwives—					
As midwife .....	221,249	210,210	195,140	191,768	199,997
As maternity nurse .....	55,756	52,665	50,774	50,601	55,103
TOTAL .....	277,005	262,875	245,914	242,369	255,100
Nurse-midwives—					
As midwife .....	23,550	19,967	15,936	19,024	11,620
As maternity nurse .....	19,666	17,343	15,714	8,938	15,861
TOTAL .....	43,216	37,310	31,650	27,962	27,481
GRAND TOTAL .....	320,221	300,185	277,564	270,331	282,581

\* Visits to cases discharged from hospital before the 14th day are included in the figures for 1951 (9,228), 1952 (8,793) and 1953 (11,720) but not in those for the preceding years.

### HEALTH VISITING

The following table shows, on a divisional basis, the details of visits paid by health visitors during the year, together with comparative totals for the years 1949 to 1952:—

Health Division No.	No. of visits paid by health visitors during year to:—								
	Expectant mothers		Children aged—				Adults	T.B. house-holds	Other classes
			Under 1 year		1 year	2-4 years			
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	Total visits
1	103	378	504	3,372	1,815	2,511	170	—	35
2	464	860	1,537	11,112	7,637	12,719	394	2	46
3	465	1,046	1,521	11,770	6,769	9,005	982	15	2
4	728	1,197	2,378	15,675	8,213	12,088	1,474	3	172
5	810	1,264	1,959	14,776	9,001	12,571	1,042	8	195
6	549	919	1,386	7,441	3,635	6,345	702	—	16
7	515	1,016	2,545	14,121	9,084	13,623	848	17	362
8	324	678	1,606	10,112	6,397	9,672	626	—	155
9	912	1,547	3,084	22,975	12,209	16,139	2,440	—	114
10	368	856	1,298	8,103	4,645	5,310	206	10	10
11	490	963	2,491	13,772	6,851	9,139	750	2	104
12	306	440	1,875	8,918	4,131	6,005	322	5	9
13	159	258	1,127	6,750	5,253	7,252	299	2	33
14	148	328	1,680	9,037	4,729	7,097	1,094	1	196
15	287	439	1,868	9,723	5,319	9,503	300	—	241
16	261	498	1,725	7,604	2,746	6,533	752	112	197
17	440	891	1,946	13,171	7,721	11,959	1,297	44	13
TOTAL—									
Administrative County—1953 .....	7,329	13,578	30,530	188,432	106,155	157,471	13,698	221	1,900
1952 .....	6,976	13,922	30,147	204,610	218,275		7,577	*	1,922
1951 .....	6,512	12,857	30,335	192,989	199,827		†	*	7,371
1950 .....	6,399	11,676	32,284	176,192	167,317		†	*	8,325
1949 .....	6,628	11,424	31,756	151,505	129,808		†	*	14,003

\* Not available. † Included in "other classes".

The number of children under five years of age who were visited during the year totalled 134,746 and the number of households visited for all purposes was 116,938.

Apart from normal home visiting and duties at maternity and child welfare centres, together with those connected with the school health service, the health visitor plays a leading role in the care of the aged—often being the first person to be aware of the needs of old people. As will be seen from the table above, the number of visits in 1953 to adults, mainly aged and infirm persons, was nearly twice the figure for 1952. There is no doubt that more of the health visitor's time will have to be devoted to such work in the future and special records have been introduced to provide further information relating thereto.

The professional supervision of the service is carried out by the [Superintendent School Nurse and Health Visitor and four assistants.

It is the policy of the County Council to employ health visitors to undertake combined duties mainly of health visiting and school nursing but this has been extended in certain rural areas to include district nursing and midwifery. At the end of the year there were 238 health visitors, including two part-time officers, and whilst the situation slightly improves year by year the number employed still falls far short of the establishment of 299.

In order to stimulate recruitment the County Council continued with the scheme instituted in 1948 under which financial assistance is granted to nurses undertaking training for the health visitor's certificate and during the year 15 nurses were assisted in this way and with the exception of one were all successful in obtaining the certificate.

Selected members of the staff have attended post-graduate courses, the County Council's aim being that every member shall have an opportunity of attending a refresher course once in five years. In addition an annual conference of health visiting staff is held at the County Hall. At the conference this year the general theme was "The health visitor's contribution to the welfare of the community". During the year four groups of health visitors gave special consideration to more specific subjects and papers were presented at the conference by the leaders of the study groups under the following headings:—

"The health visitor's contribution to the welfare of the aged".

"The health visitor's contribution to the total health of the 2-5 years old".

"The health visitor's relationship to other social workers".

"The health visitor's contribution to the prevention and recovery of problem families".

## HOME NURSING

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses.

**Staffing and Cases Attended.**—The service has continued to expand since the National Health Service Act came into operation in 1948 and as a result it has been necessary to increase each year the number of nurses employed. Details for the year 1953 and the previous four years are given in the following table:—

Staff category	1949	1950	1951	1952	1953
District nurses (general nursing only) .....	207	214	226	227	236
„ „ (general nursing & midwifery).....	79	78	72	72	69
„ „ (general nursing, midwifery and health visiting) .....	—	2	4	4	4
<b>TOTAL.....</b>	<b>286</b>	<b>294</b>	<b>302</b>	<b>303</b>	<b>309</b>
General nursing cases attended .....	36,428	40,074	42,935	41,091	43,956
No. of visits paid to these cases .....	760,919	837,874	893,082	968,062	1,025,929
Average No. of visits per case .....	20.9	20.9	20.8	23.6	23.3
No. of casual advisory visits .....	19,955	21,916	23,024	56,375	57,541

Of the 309 nurses employed on the 31st December, 1953, 252 or 82 per cent. were district trained.

It was considered from experience gained since 1948 that some types of cases could be satisfactorily nursed on the district by state enrolled assistant nurses and that the employment of these nurses would be an economic proposition and would help to relieve the pressure on the fully qualified nurses. In general it was thought that the assistant nurses would be valuable in nursing the aged and chronic sick and would thus help to solve the problem caused by the continued increase in the number of such cases resulting from the ageing population. It was decided to employ 30 assistant nurses and by the end of the year 14 were working on the district. These 14 nurses are included in the 236 district nurses shown in the table above.

Supervision is carried out by a Superintendent of Home Nurses and five assistants.



**Statistical Survey of Completed Cases.**—Since the County Council became responsible for the home nursing service from the 5th July, 1948, regular returns have been received through each Health Division as to the numbers of cases dealt with by the nurses during each year and the total visits paid to such cases, representing in effect a general measure of work done.

Whilst such information is useful in showing to some extent the increasing demands which have continued to be made on the home nursing service and as an indication of the annual “turn-over” of cases dealt with, it was considered desirable as from the 1st January, 1952, to obtain a comprehensive statistical picture of the clinical pattern of the home nursing work being done in the County area—one which would give an indication of the types of cases being nursed, the ages of the patients, the average length of nursing time demanded, the frequency of visits, the necessity or otherwise of night visiting, etc.

Naturally, a complete account of the treatment of individual patients is only possible at the termination of the treatment and the analysis is therefore necessarily confined to those cases in which treatment ceased for one reason or another. Such cases, however, form roughly 75 per cent. of all cases nursed during any given period and may be regarded, for statistical purposes, as forming a representative sample of the whole of the nursing work undertaken.

The survey was continued during 1953, each case record where treatment terminated during the year being embraced within the analysis. In all, 34,936 record sheets of such cases were examined, or 2,102 more than in 1952. An analysis of these cases by disease or ailment, age group and sex is given in Table 14 on page 162. As was the case in the previous year, females formed the greater proportion of the public requiring the services of the district nurse, the ratio of female to male patients again being 1.5 : 1, a figure considerably greater than the proportionate excess of females over males in the total population. This preponderance of females is to be found entirely, however, at ages from 15 years and upwards.

The fact that once again almost 38 per cent. of the patients nursed were 65 years of age and over amply illustrates the important part that domiciliary nursing continues to play in regard to the care of the aged and chronic sick. When considered in relation to the number of persons in the population in the age group 65 years or more, the 13,182 cases of those ages represent no less than 5.9 per cent. or approximately 1 in 17—this in contrast to a figure of 1.2 per cent. for the remaining age groups.

The following statement shows the principal groups of conditions for which nursing care was required, together with the differential incidence between the sexes, on the basis of the total cases in each sex group.

<i>Group of conditions</i>	<i>Proportion per cent. of total cases in sex group</i>		
	<i>Both sexes</i>	<i>Male</i>	<i>Female</i>
Diseases of respiratory system (other than tuberculosis) .....	17.2	20.5	15.0
Diseases of digestive system .....	11.1	10.7	11.3
Diseases of the skin .....	11.2	13.1	9.9
Senility and other ill-defined conditions .....	9.6	8.9	10.0
Diseases of the heart and circulatory system .....	9.4	9.6	9.3
Diseases of central nervous system .....	6.7	6.7	6.8
Diseases of genito-urinary system .....	6.3	4.6	8.3
Accidents, injuries, etc. (including burns and scalds) .....	5.6	6.0	5.4
Cancer .....	4.9	5.3	4.6
*Infective and parasitic diseases .....	5.1	5.6	4.8
Diseases of eye, ear and mastoid process .....	3.7	3.8	3.6
Diseases of bones and organs of movement (including rheumatism and arthritis) .....	2.1	1.4	2.6
Anaemias and other blood diseases .....	2.2	1.2	2.9
Diabetes .....	1.6	0.8	2.1
Mental, psychoneurotic disorders .....	0.2	0.1	0.2
All other conditions .....	2.5	1.7	3.1
* Includes tuberculosis of respiratory system	2.1	3.0	1.6

As in 1952, the group “Diseases of the respiratory system (other than tuberculosis)” which includes influenza, bronchitis, pneumonia, etc., accounted for by far the greatest proportion of the cases attended by district nurses. That diseases of the respiratory system formed a greater proportion of all cases amongst males than amongst females is also apparent.

“Diseases of the digestive system” again accounted for a high proportion of the total cases treated, but it must be pointed out that conditions falling under this heading relate to the whole of the digestive tract and embrace not only the more familiar ulceration of the stomach and duodenum, gastritis and kindred ailments, but also appendicitis, certain forms of hernia, diseases and functional disorders of the intestines of which by far the majority are constipation or obstruction, diseases of the liver, gall bladder and pancreas, as well as diseases of the teeth, buccal cavity and oesophagus.



**DURATION OF TREATMENT.**—As will be seen from Table 15, page 163, the 34,936 cases concerned in the analysis for 1953 required a total of 828,510 visits of which only 2,849 or approximately 0·3 per cent.—the same proportion as in 1952—were regarded as “night” visits, i.e., between 9 p.m. and 8 o’clock the following morning. The greatest single cause calling for night visitation was apparently cancer, 1,514 such visits being made, followed by the cases ascribed to diseases of the heart and circulatory system which called for 269 visits.

From Table 15, which serves to show the average duration of treatments and the frequency of the visits as regards each group of causes, it will be seen that the average number of visits per case made by district nurses to patients under their care was almost 24 and that patients were, on average, under the care of the district nurse for just over eight weeks and required rather less than three visits per week. Comparison of these figures with those for the previous year reveals that whilst patients were on the nurses’ books for roughly one week longer than in 1952 and required, on average, two more visits in all, the number of visits per case per week was slightly less. The length of time patients are on the books and the frequency of visitation necessarily varies considerably with the nature of the case. For instance, it is well known that with certain conditions, such as diabetes, patients often require continuous attention for long periods, sometimes years, and the frequency of visitation is of necessity high. On the other hand, as in the case of anaemia and blood diseases, often patients are on the books for considerable lengths of time but require only the periodic attention of the nurse.

It will be apparent from the table that, although cases of diseases of the respiratory system (excluding tuberculosis) formed the major portion of the case load of the district nurse, their average duration was comparatively short, being in the region of two to 2½ weeks but necessitating the nurse’s attendance almost daily. Diseases of the skin and diseases of the digestive system each called for attendance for just over four weeks but the former required more visits than the latter at rather more frequent intervals. Diabetic cases averaged just over six months each and necessitated five visits per week. Although not large in number, patients suffering from diseases of the bones and organs of movement (which here include rheumatism and arthritic conditions) occupied the nurse’s attention for seven months on the average although the visits per week were only just over two, whilst as regards respiratory tuberculosis cases, also small numerically, it was necessary for the nurse to devote almost 4½ visits per case per week for eight and a half weeks.

**AGENCY OF REFERENCE.**—There was very little variation as compared with 1952 in the analysis of origin of calls for the nurses’ services. In 30,944 or 88·6 per cent. of the 34,936 cases under consideration the general practitioner was instrumental in calling in the district nurse. Hospitals referred 2,411 cases or 6·9 per cent. of the total. In 1,262 or 3·6 per cent. of the cases the nurses responded to requests by patients themselves, their relatives or friends—usually some degree of urgency being involved. One hundred and ninety five cases or 0·6 per cent. were referred by Public Health Authorities, 39 or 0·1 per cent. by tuberculosis clinics, whilst the remaining 85 cases (0·2 per cent.) are accounted for by calls from miscellaneous sources, e.g., other nurses or midwives, policemen, etc.

**DISPOSAL OF PATIENTS.**—A detailed analysis of the reasons for the termination of treatment as regards each group of diseases or ailments is provided in Table 15, page 163, of which the following is a summary of the totals:—

	<i>No. of patients</i>	<i>Per cent. of total</i>
Recovered, relieved or convalescent .....	22,197	63·5
Died .....	5,380	15·4
Admitted to hospital .....	4,062	11·6
Out-patient X-ray, etc. ....	1,803	5·2
Gone away .....	673	1·9
Nurse withdrawn .....	638	1·8
Others .....	183	0·5

Bearing in mind the continued shortage of hospital beds, particularly for the aged chronic sick, and that almost two-fifths of the cases were 65 years of age or over with degenerative conditions forming a high proportion of the illnesses from which they were suffering, it is hardly surprising that rather more than one-seventh of the cases died although this proportion is a slight improvement on the previous year’s figure. The proportion of cases removed for specialised treatment and care in hospital continued to be, relatively speaking, small.

In the analysis for 1953 two additional categories have been included amongst the reasons for termination of treatment as it was felt that the number under the residual heading of “Others” was disproportionately high by reason of the fact that many cases were included, particularly those classified to “senility and other ill-defined conditions”, where the patient simply had pre-X-ray treatment (almost invariably necessitating only one visit) prior to attendance at an out-patient X-ray clinic; a number where the nursing care was of such a simple character that, after instruction by the nurse, relatives were able to continue the care unaided; and instances, mostly amongst tubercular and diabetic cases, where the assistance of the nurse was requested by the general practitioner to give a specific course of injections in a case not otherwise requiring nursing care. In the analysis for 1953, therefore, the number of cases which had the attention of the district nurse prior to attendance at a hospital out-patient department, and the number where the nurse’s services were no longer required for reasons as mentioned above, are shown separately, reducing the miscellaneous reasons for termination of treatment to a mere 0·5 per cent. It is interesting to note that in more than 1 in 20 of the total cases, the nurse’s services were utilised in co-operation with the hospitals for such purposes as preparation for operative treatment or X-ray.



NURSING TREATMENTS.—As an ancillary to the main survey an additional analysis was again made of the types and numbers of treatments undertaken by the nurses. These have been classified to pre-arranged groups of treatment most commonly demanded of the nursing profession and are as follows. For purposes of comparison the figures for 1952 are also given.

<i>Nursing treatment</i>	<i>No. of cases</i>	
	1952	1953
General nursing care.....	6,730	6,798
General nursing care with injections	1,576	1,586
General nursing care with dressings and poultices	971	915
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata	663	561
Septic dressings and poultices	1,332	1,317
Dry dressings	2,750	2,731
Burns and scalds—dressings and treatments	647	592
Pre-operative treatment and pre-X-ray	1,771	1,943
Blanket baths (once, twice or thrice weekly)	355	306
Douche and pessaries	490	486
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout	2,853	2,789
Injections (hypodermic or intramuscular)	10,414	12,507
Injections (hypodermic or intramuscular) with dressings	1,524	1,529
Operations	40	53
Eyes, ears, nose and throat treatments	300	290
Skin treatments	171	168
Care of patients in plaster casts and splints	58	262
Others	189	103

Attention was drawn in the report for 1952 to the fact that injections now form a very large part of the treatments undertaken by the district nurse, and the figures for 1953 not only confirm this but show that there was a tendency for this form of treatment to be increasingly utilised, the 15,622 instances where such was employed representing almost 45 per cent. of the total cases as against slightly over 41 per cent. in 1952. Of the remaining cases nursing care of a general nature was all that was required in 6,798 cases or 19·5 per cent. of the total.

ANALYSIS BY HEALTH DIVISIONS.—Table 16, page 164, is reproduced to give a comparative statement of cases in each health division analysed by sex, duration of treatments, frequency of visits and disposal of cases. The variations in the average duration of treatment in the several health divisions are of interest, but such duration is largely governed, of course, by the types of cases under treatment. Again, the average number of visits required per case naturally varies within wide limits according to the numbers of the various types of cases attended. The average number of visits per case per week in the several divisions was only slightly more consistent. The need for night visitation varied considerably amongst the divisions, ranging from 556 and 550 such visits in Health Divisions Nos. 4 and 16 to as low as eight in Health Division No. 13.

The remarks made earlier regarding availability of hospital accommodation and the preponderance of older people amongst the patients treated relative to the reasons for cessation of treatments apply equally as regards individual divisions and naturally in attempting any sort of comparison regard must be had not only to the numbers of the various types of case but also to the comparative severity of the several illnesses with which the nurse is expected to cope. These factors naturally vary considerably from district to district and time to time, and there can, of course, be no reflection on the nursing care in one division as compared with another by reason of the variation in the proportions of recoveries, deaths, etc. disclosed by the analysis.

As will be seen from the following table there is, on the whole, no very great variation amongst divisions as regards the source of requests made for the services of district nurses—general practitioners, of course, being instrumental in arranging for the nurse's attendance in the great majority of cases. As compared with those for the previous year the figures generally for 1953 vary very little.

*Home Nursing—Analysis of Completed Cases by Agency of Reference*  
*Year ended 31st December, 1953*

Health Division No.	Total No. of cases	Services of nurse requested by—											
		General Practitioner		Hospital		P.H. Authority		Direct		T.B. Clinics		Others	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	882	744	84.4	48	5.4	5	0.6	84	9.5	—	nil	1	0.1
2	2,273	1,865	82.1	156	6.9	7	0.3	234	10.3	—	nil	11	0.5
3	1,531	1,360	88.8	82	5.4	2	0.1	84	5.5	—	nil	3	0.2
4	3,804	3,157	83.0	270	7.1	16	0.4	337	8.9	2	0.1	22	0.6
5	2,973	2,615	88.0	291	9.8	6	0.2	60	2.0	—	nil	1	0.0
6	1,588	1,426	89.8	24	1.5	4	0.3	127	8.0	2	0.1	5	0.3
7	2,376	2,150	90.5	132	5.6	18	0.8	61	2.6	5	0.2	10	0.4
8	1,534	1,352	88.1	151	9.8	1	0.1	28	1.8	—	nil	2	0.1
9	3,036	2,784	91.7	189	6.2	3	0.1	30	1.0	21	0.7	9	0.3
10	1,635	1,482	90.6	47	2.9	1	0.1	102	6.2	1	0.1	2	0.1
11	3,115	2,935	94.2	150	4.8	7	0.2	16	0.5	3	0.1	4	0.1
12	3,185	2,902	91.1	204	6.4	39	1.2	38	1.2	—	nil	2	0.1
13	988	796	80.6	161	16.3	2	0.2	24	2.4	1	0.1	4	0.4
14	1,597	1,437	90.0	135	8.5	5	0.3	18	1.1	—	nil	2	0.1
15	1,786	1,639	91.8	123	6.9	15	0.8	7	0.4	—	nil	2	0.1
16	1,279	1,085	84.8	114	8.9	61	4.8	10	0.8	4	0.3	5	0.4
17	1,354	1,215	89.7	134	9.9	3	0.2	2	0.1	—	nil	—	nil
Admin. County	34,936	30,944	88.6	2,411	6.9	195	0.6	1,262	3.6	39	0.1	85	0.2

**Sensitivity to Antibiotics.**—During the year a number of the district nurses suffered from dermatitis caused by the giving of injections of antibiotics. In an attempt to minimise the possibilities of developing this condition the Superintendent of Home Nurses and her assistants demonstrated to nurses an improved technique in the administration of antibiotics. In addition trials were carried out with nylon syringes. The use of these syringes coupled with the introduction and teaching of the improved technique have resulted in a considerable reduction in the incidence of antibiotic sensitivity amongst the nurses. In July, 1953, the Minister of Health issued a circular on this subject giving to local health authorities details of an improved technique for giving injections of antibiotics. This was to a large extent similar to the technique already being taught to the County Council's nurses.

**Post-graduate Training.**—The County Council continued their district training scheme which operates in conjunction with the Queen's Institute of District Nursing. In 1953 three training courses were held and 15 nurses received training. All 15 nurses passed the examinations of the Institute and were enrolled as Queen's nurses.

The Queen's Institute of District Nursing held a residential post-graduate course for district nurses at the University College of North Wales, Bangor, from the 10th to the 17th April, 1953, and eight of the County Council's district nurses attended. The Institute also held a study course for Senior and Junior Nursing Administrators at the Roffey Park Institute of Occupational Health and Social Medicine, Horsham, from the 19th to the 23rd October, 1953. One Assistant Superintendent of Home Nurses attended.

A refresher course for nurses was held at the County Hall, Preston, on the 29th October and the 10th November, 1953. The course was divided into four separate sessions and at each session talks were given by a consultant, a general practitioner and a ward sister on a particular subject. The talks were followed by group discussions after which the speakers formed a panel to answer questions. The subjects chosen for the sessions were—diabetes, coronary diseases, colostomy, burns and scalds. The nurses subsequently made "follow-up" visits to hospitals dealing with these types of cases.

The County Superintendent of Home Nurses attended conferences in London on the nursing and care of sick children in their own homes, on the development of voluntary services allied to district nursing, and one for County and Training Home Superintendents.

Throughout the year the County Superintendent of Home Nurses and her assistants gave talks to ambulance personnel, civil defence volunteers and to various voluntary bodies.



**Transport.**—The following table gives details of the numbers of motor vehicles in use by district nurses and nurse-midwives during the five years 1949-53.

Ownership of vehicles	Motor vehicles in use at 31st December									
	1949		1950		1951		1952		1953	
	Cars	Auto- eyeles	Cars	Auto- eyeles	Cars	Auto- eyeles	Cars	Auto- eyeles	Cars	Auto- eyeles
Distriet Nursing Assoeciatiions .....	1	—	—	—	—	—	—	—	—	—
Distriet nurses and Superintendents .....	57	7	70	7	86	12	117	9	134	4
County Council .....	80	4	85	6	82	2	85	—	84	—
TOTAL .....	138	11	155	13	168	14	202	9	218	4
Proportion (per cent.) of total staff .....	47	4	51	4	55	5	65	3	69	1

**Housing.**—Up to the end of 1952 the County Council had purchased 44 houses from former district nursing associations. For some time negotiations had been in hand for the purchase of the district nurse's cottage in Hawkshead from the local association and with the completion of the conveyance in November, 1953, the transactions carried out with local associations for the purchase of property were completed. The County Council also purchased the district nurses' home at Knowsley from the Whiston Rural District Council. This home had originally been owned by the Earl of Derby but had been sold to the Rural District Council with the Knowsley Village Estate.

The district nurses' home in Ashton-under-Lyne, which comprised three houses, was converted into seven self-contained flats during the year and work was begun on the conversion of the Darwen nurses' home into eight self-contained flats. In addition, when the former Lancaster district nurses' home was converted for use as a divisional health office, two self-contained flats were made for nurses.

During the year it was difficult to find nurses willing to reside in some of the County Council-owned nurses' houses. These were mainly houses purchased from district nursing associations when the home nursing service was transferred to the County Council and were large old-fashioned houses which were difficult for the nurses to keep clean and warm. By the end of the year the County Council had agreed to sell one of these houses, 32 Mellalieu Street, Middleton, and consideration was being given to the sale of two more, 28 Hoole Lane, Banks, and 16 Spring Lane, Radcliffe.

The following statement sets out details of the housing of superintendents and nurses during the past five years:—

Premises	Nurses accommodated				
	1949	1950	1951	1952	1953
Owned by County Council .....	41	64	67	61	55
Rented by County Council from Distriet Councils .....	15	15	15	14	16
Rented by County Council from private owners .....	66	36	25	19	20
Rented by nurses from Distriet Councils .....	9	13	9	17	19
Owned by nurses or rented by them from private owners .....	164	173	192	198	205
TOTAL .....	295	301	308	309	315

VACCINATION AGAINST SMALLPOX

The County Council, as local health authority, are responsible for making adequate arrangements for the vaeecination of infants, and for this purpose vaccination sessions are held at Child Welfare Centres or other appropriate places as necessary. The sessions are mostly attended by the divisional medical staffs but in a few instances they are staffed by general praetitioners under arrangements with the Divis-  
ional Health Committee. At the same time opportunity is given to all medical practitioners, whether or not providing general services under Part IV of the Act, to provide service under the County Council's arrangements for vaeecination against smallpox. At the end of the year 848 general practitioners were partieipating in these arrangements. They are required to furnish records in a prescribed form and pay-  
ment therefor is made in accordance with an agreement between the Minister of Health and the profession.

The following statement shows for each health division and for the Administrative County the numbers of primary vaccinations and re-vaccinations performed during 1953. For purposes of comparison, the corresponding figures for the Administrative County for the previous four years are also given. It must be pointed out that considerable delay often occurs in the submission by general practitioners of completed record cards. In the statement the necessary adjustments consequent upon the late receipt of record cards have been made so as to take into account all vaccinations and re-vaccinations performed up to the 31st December, 1953, the record cards for which had been received by the 31st May, 1954.

Health Division No.	Primary vaccinations performed						Ro-vaccinations performed					
	Age in years						Age in years					
	Under 1	1—	2—	5—	15—	Total	Under 1	1—	2—	5—	15—	Total
1	352	19	15	21	47	454	—	—	3	15	120	138
2	622	52	88	101	160	1,023	—	1	10	63	389	463
3	506	59	56	377	109	1,107	5	3	11	138	258	415
4	799	49	72	90	175	1,185	2	1	8	30	332	373
5	358	28	80	107	197	770	1	—	9	28	214	252
6	323	74	232	566	495	1,690	1	1	9	144	572	727
7	1,428	71	67	75	125	1,766	—	2	19	64	651	736
8	463	46	52	39	74	674	—	—	4	13	109	126
9	1,293	18	26	46	89	1,472	1	—	4	19	162	186
10	326	11	27	40	65	469	—	—	3	15	115	133
11	632	196	713	1,949	2,885	6,375	—	11	149	1,303	5,076	6,539
12	739	168	664	2,339	2,372	6,282	—	3	54	747	2,542	3,346
13	340	40	74	59	320	833	4	—	7	58	590	659
14	720	114	392	1,387	1,850	4,463	3	2	26	270	1,960	2,261
15	730	77	171	546	620	2,144	3	1	25	204	854	1,087
16	650	51	107	109	213	1,130	—	—	17	77	561	655
17	516	132	245	1,834	633	3,360	1	1	24	567	571	1,164
TOTAL— Admin. County—												
1953	10,797	1,205	3,081	9,685	10,429	35,197	21	26	382	3,755	15,076	19,260
1952	8,930	848	1,969	7,258	6,524	25,529	23	27	157	1,184	8,805	10,196
1951	8,426	472	458	608	1,348	11,312	55	14	132	245	3,610	4,056
1950	7,883	1,466		1,049	1,196	11,594	133	91		390	2,691	3,305
1949	6,229	428		237	437	7,331	120	37		116	1,218	1,491

When considering the above figures, regard must be had to the fact that in both 1952 and 1953 cases of smallpox occurred in the County area and these undoubtedly did much—at least in and about the areas affected—to stimulate the demand for vaccination and re-vaccination. To what extent this affected the primary vaccination of children under one year of age is a matter for conjecture, but when viewed in relation to the numbers of live births during each of the past few years, the figures of such primary vaccinations are certainly suggestive of a somewhat more enlightened attitude amongst parents towards the benefits of vaccination.

This is perhaps more clearly deduced from a consideration of the following table of infant vaccination “acceptance rates”. Such rates represent the number of infants under one year of age vaccinated in a given year expressed as a percentage of the live births in that year and serve, though imperfectly, as some measure of the protection of the child population.

Health Div. No.	No. of notified live births					No. of children under one year vaccinated					Infant vaccination “acceptance rate” (per cent.)				
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953
1	649	565	539	579	525	300	279	253	317	352	46.2	49.4	46.9	54.7	67.0
2	1,655	1,539	1,502	1,512	1,531	535	545	560	519	622	32.3	35.4	37.3	34.3	40.6
3	1,539	1,595	1,493	1,517	1,506	186	326	454	427	506	12.1	20.4	30.4	28.1	33.6
4	2,501	2,439	2,384	2,309	2,314	347	527	578	628	799	13.9	21.6	24.2	27.2	34.5
5	2,165	2,007	2,001	1,890	1,982	236	265	220	242	358	10.9	13.2	11.0	12.8	18.1
6	1,347	1,311	1,286	1,305	1,290	81	135	123	116	323	6.0	10.3	9.6	8.9	25.0
7	2,561	2,464	2,381	2,272	2,451	1,186	1,294	1,346	1,215	1,428	46.3	52.5	56.5	53.5	58.3
8	1,826	1,718	1,646	1,596	1,630	128	194	279	347	463	7.0	11.3	17.0	21.7	28.4
9	3,026	3,038	2,842	2,994	3,149	1,284	1,353	1,392	1,300	1,293	42.4	44.5	49.0	43.4	41.1
10	1,236	1,258	1,274	1,250	1,295	219	273	274	296	326	17.7	21.7	21.5	23.7	25.2
11	2,778	2,669	2,434	2,481	2,581	208	310	296	389	632	7.5	11.6	12.2	15.7	24.5
12	1,901	1,839	1,792	1,813	1,852	271	372	358	448	739	14.3	20.2	20.0	24.7	39.9
13	1,318	1,235	1,147	1,151	1,168	91	106	243	494	340	6.9	8.6	21.2	42.9	29.1
14	1,834	1,754	1,699	1,536	1,643	275	424	497	644	720	15.0	24.2	29.3	41.9	43.8
15	2,084	1,870	1,751	1,779	1,842	257	506	531	575	730	12.3	27.1	30.3	32.3	39.6
16	1,843	1,708	1,643	1,576	1,644	512	718	694	587	650	27.8	42.0	42.2	37.2	39.5
17	2,083	1,864	1,865	1,777	1,893	113	256	328	386	516	5.4	13.7	17.6	21.7	27.3
Admin. County	32,346	30,873	29,679	29,337	30,296	6,229	7,883	8,426	8,930	10,797	19.3	25.5	28.4	30.4	35.6



It will be seen that, generally speaking, over the last five years there has been in almost every division—whether adjacent to areas affected by smallpox or not—a definite tendency for the acceptance rates to increase and even in those areas which in the early days of divisional administration were very poor in the acceptance of infant vaccination the rates have improved considerably. This is a most gratifying state of affairs and one which rather indicates that continuous propaganda efforts are doing much to break down the previously apparent apathetic attitude of many parents towards the need for early vaccination of their children. Furthermore, the acceptance rate for the County is now unquestionably higher than it was immediately before the war when vaccination was compulsory. The rate for the whole country was 23·8 per cent. in 1950, 29·6 per cent. in 1951 and 30·7 per cent. in 1952.

Contrary to the experience in connection with immunisation against diphtheria, the majority of vaccinations are performed by general practitioners in private practice, though there would now appear to be a tendency towards an increased use of the clinics and centres providing facilities for vaccination, particularly as regards pre-school children. The following statement shows, by age groups, the numbers of primary vaccinations and re-vaccinations undertaken during 1953 at (a) clinics, etc., either by general practitioners engaged by the County Council or the Council's own medical officers, and (b) by general practitioners in the course of their private practice. For purposes of comparison, the corresponding figures for the Administrative County for the preceding four years are also given.

Health vision No.	No. of vaccinations and re-vaccinations performed during the year ended 31st December, 1953																							
	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over		0— years		5— years		15 years and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	111	—	8	—	—	22	—	—	—	—	—	—	275	3	13	15	47	98	386	3	21	15	47	120
2	77	—	6	—	6	51	—	—	—	—	—	—	685	11	95	63	154	338	762	11	101	63	160	389
3	309	2	302	107	15	38	—	—	—	—	—	—	312	17	75	31	94	220	621	19	377	138	109	258
4	399	2	10	—	4	28	—	—	—	—	—	—	521	9	80	30	171	304	920	11	90	30	175	332
5	10	—	2	—	7	16	—	—	—	—	—	—	456	10	105	28	190	198	466	10	107	28	197	214
6	327	3	68	20	66	169	—	—	—	—	—	—	302	8	498	124	429	403	629	11	566	144	495	572
7	760	—	75	3	125	221	—	—	—	—	—	—	806	21	—	61	—	430	1,566	21	75	64	125	651
8	364	—	3	—	—	—	—	—	—	—	—	—	197	4	36	13	74	109	561	4	39	13	74	109
9	853	2	13	2	2	14	—	—	—	—	—	—	484	3	33	17	87	148	1,337	5	46	19	89	162
10	12	1	1	1	—	8	—	—	—	—	—	—	352	2	39	14	65	107	364	3	40	15	65	115
11	250	5	28	77	25	76	44	—	2	—	4	4	1,247	155	1,919	1,226	2,856	4,996	1,541	160	1,949	1,303	2,885	5,076
12	100	—	688	233	151	254	—	—	—	—	—	—	1,471	57	1,651	514	2,221	2,288	1,571	57	2,339	747	2,372	2,542
13	355	11	26	21	150	296	—	—	—	—	—	—	99	—	33	37	170	294	454	11	59	58	320	590
14	656	25	909	145	1,221	1,453	—	—	—	—	—	—	570	6	478	125	629	507	1,226	31	1,387	270	1,850	1,960
15	534	—	19	2	5	57	1	—	—	—	7	9	443	29	527	202	608	788	978	29	546	204	620	854
16	166	—	6	6	3	7	—	—	—	—	—	—	642	17	103	71	210	554	808	17	109	77	213	561
17	590	14	1,435	471	292	222	—	—	—	—	—	—	303	12	399	96	341	349	893	26	1,834	567	633	571
Total— Adminis- trative County 1953	5,873	65	3,599	1,088	2,072	2,932	45	—	2	—	11	13	9,165	364	6,084	2,667	8,346	12,131	15,083	429	9,685	3,755	10,429	15,076
1952	4,598	65	4,056	441	1,908	2,763	63	—	5	—	—	—	7,086	142	3,197	743	4,616	6,042	11,747	207	7,258	1,184	6,524	8,805
1951	3,357	45	94	18	94	273	25	—	3	—	—	1	5,974	156	511	227	1,254	3,336	9,356	201	608	245	1,348	3,610
1950	2,865	140	139	20	146	252	—	—	—	—	—	—	6,484	84	910	370	1,050	2,439	9,349	224	1,049	390	1,196	2,691
1949	1,877	51	35	1	10	29	164	14	1	—	—	—	4,616	92	201	115	427	1,189	6,657	157	237	116	437	1,218
P — Primary vaccinations. R — Re-vaccinations.																								

P — Primary vaccinations.

R — Re-vaccinations.

Whether the improvement in the demand for vaccination will continue in the absence of further outbreaks of smallpox is very problematical—it is unfortunately something of a paradox that the application of preventive measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them. It is all the more imperative, therefore, that there must be no reduction of effort to publicise the advantages of the facilities offered and to bring to the public and parents in particular a full appreciation that the old adage "Prevention is better than cure" still holds good.

Every effort is made by divisional medical staffs, health visitors and midwives to stimulate an interest in and a desire for vaccination both on attendance of mothers at child welfare centres and clinics as well as on their visits to the home. Additionally, posters are displayed, leaflets distributed, talks given to various organisations and film shows arranged but perhaps one of the greatest influences remains that of the family doctor, which may possibly account for the majority of vaccinations being performed by medical practitioners in private practice.

It must be reiterated that the routine vaccination of infants is not only of importance as a protection against smallpox during the first few years of life but also by reason of the fact that, even after the initial immunity has waned, it does in some measure tend to lessen the risk of death from smallpox. Furthermore, the possibility of complications arising from vaccination, such as post-vaccinal encephalomyelitis, is very much less during early childhood than in later years of life and this point carries additional emphasis in view of the compulsory service of the youth of the country in H.M. Forces.



During 1953 two instances were recorded—in Health Division No. 11—of vaccination with which there occurred generalised vaccinia. They were a female child aged 6 years and a woman of 37 years. One case, a male aged 12 years, was also reported in Health Division No. 11 in which there occurred post-vaccinal encephalomyelitis. No death from any complication of vaccination was recorded.

### DIPHTHERIA IMMUNISATION

Arrangements have been made in each health division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools, etc. In addition, medical practitioners take part in the scheme either by conducting sessions at the clinics on behalf of the Local Health Authority or in the course of their private practice. At the 31st December, 1953, the number of general practitioners participating in the scheme was 838. Whilst practitioners are themselves able to obtain prophylactics by individual prescriptions through chemists (i.e., under Part IV of the National Health Service Act), 389 obtained supplies during 1953 through the Divisional Medical Officers.

The scheme of immunisation lays upon health visitors the duty of securing that children are presented for primary immunisation before their first birthday and again for a reinforcement injection on attaining school age. Arrangements also exist whereby systematic provision is made for administering reinforcing injections at a suitable age during the period of school life.

The following table gives particulars of the numbers of children in the County area who (a) completed a full course of primary immunisation, and (b) were given a reinforcement injection during the year ended 31st December, 1953, in each health division and the Administrative County as a whole. The corresponding totals for the four previous years are also shown. Any necessary adjustments have been made to all totals so as to take into account all record cards received by the 31st May, 1954, in respect of both primary immunisations and reinforcement injections performed in the years shown.

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1953									No. of children who were given a reinforcement injection (i.e., subsequent to complete course) during the year ended 31st Dec., 1953			
	Age at date of final injection									Age group			
	0—	1—	2—	3—	4—	Total under 5 years	5—	10—	Total aged 5-14 yrs. incl.	0—	5—	10—	Total 0-14 yrs. incl.
1	318	79	14	5	3	419	38	4	42	15	440	112	567
2	398	457	51	30	24	960	118	26	144	216	974	989	2,179
3	441	366	64	32	26	929	138	17	155	46	870	188	1,104
4	701	630	100	48	76	1,555	331	39	370	122	1,387	564	2,073
5	758	268	55	25	28	1,134	57	4	61	44	358	14	416
6	465	216	27	14	19	741	13	2	15	30	127	12	169
7	863	638	155	75	74	1,805	577	191	768	128	2,795	1,793	4,716
8	868	154	28	32	63	1,145	485	61	546	183	1,653	334	2,170
9	1,321	494	125	90	70	2,100	431	80	511	62	2,845	567	3,474
10	339	205	16	8	5	573	32	63	95	44	528	99	671
11	867	448	70	48	52	1,485	192	27	219	175	822	163	1,160
12	799	380	56	24	33	1,292	242	46	288	149	1,549	381	2,079
13	394	204	32	21	26	677	72	20	92	117	621	446	1,184
14	699	327	68	44	23	1,161	72	33	105	195	992	440	1,627
15	682	342	73	53	65	1,215	109	17	126	316	1,016	194	1,526
16	458	317	37	32	19	863	34	10	44	95	322	32	449
17	596	338	82	58	43	1,117	151	25	176	43	943	273	1,259
Admin. County —													
1953	10,967	5,863	1,053	639	649	19,171	3,092	665	3,757	1,980	18,242	6,601	26,823
1952	12,031	6,884	1,388	779	729	21,811	3,203	705	3,908	2,120	17,865	5,521	25,506
1951	11,621	8,809	1,331	692	691	23,144	2,599	612	3,211	2,045	13,443	4,370	19,858
1950	9,990	8,641	1,338	773	589	21,331	2,904	910	3,814	1,207	11,938	4,225	17,370
1949	10,890	11,284	2,031	886	846	25,937	4,491	1,502	5,993	1,902	17,270	5,784	24,956

It will be noted from the above that, in all age groups, there was an appreciable fall in numbers receiving primary immunisation during 1953. Rather more reinforcement injections were, however, given to children of school age.

That there should have been a decrease in the number of young children primarily immunised, particularly in the two earliest age groups, is a matter for serious thought since, if the child population up to the age of 15 years is to be kept in a state of protective immunity, it is highly desirable that the maximum numbers possible should be primarily immunised in infancy. Whilst, until 1953, the number of live births had each year fallen since the peak year 1947, with a consequent reduction in the numbers of potential subjects for immunisation, that in itself does not explain the reduction recorded in 1953. More likely is it that with the almost complete eradication of diphtheria, there is a tendency for the public to regard preventive measures as no longer necessary. Again, it is known that in one or two areas it was found necessary, owing to the prevalence of poliomyelitis and the reluctance of the public to run the risk of the remote possibility of development of the disease following inoculation, to suspend immunisation for a period.



It is quite apparent, therefore, that the public should at all times be persuaded of the distinct advantages of immunisation even in the absence of diphtheria in the community, and continuous and unrelenting effort on the part of all "field workers" and by every conceivable means of health propaganda is called for if the success which has hitherto attended the immunisation campaign is to be maintained. It would indeed be tragic if, through apathy and indifference on the part of the public and especially parents, despite the efforts of health officials there should be a return to outbreaks of virulent diphtheria with its attendant ravages amongst the child population.

The great majority of injections are performed at County Council clinics as is shown in the following table.

Health Division No.	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	205	7	34	541	—	2	—	—	—	—	—	—	214	8	8	11	—	2	419	15	42	552	—	4
2	443	164	133	1,849	—	8	—	—	—	—	—	—	517	52	11	114	1	2	960	216	144	1,963	1	10
3	511	27	148	966	—	—	—	—	—	—	—	—	418	19	7	92	27	7	929	46	155	1,058	27	7
4	844	94	337	1,756	—	—	—	—	—	—	—	—	711	28	33	195	4	3	1,555	122	370	1,951	4	3
5	461	14	22	86	—	—	65	10	8	62	—	—	608	20	31	224	2	2	1,134	44	61	372	2	2
6	368	14	6	63	—	—	—	—	—	—	—	—	373	16	9	76	—	—	741	30	15	139	—	—
7	993	101	642	4,061	4	133	—	—	—	—	—	—	812	27	126	527	5	7	1,805	128	768	4,588	9	140
8	935	174	469	1,900	—	2	69	5	61	66	1	—	141	4	16	21	—	—	1,145	183	546	1,987	1	2
9	1,598	50	473	3,350	—	—	—	—	—	—	—	—	502	12	38	62	1	3	2,100	62	511	3,412	1	3
10	225	24	26	492	—	—	28	7	8	57	—	—	320	13	61	78	12	—	573	44	95	627	12	—
11	996	168	160	782	3	2	56	—	15	118	—	—	433	7	44	85	2	—	1,485	175	219	985	5	2
12	180	15	47	685	—	—	651	91	164	993	1	3	461	43	77	252	2	6	1,292	149	288	1,930	3	9
13	520	115	81	1,056	—	12	—	—	—	—	—	—	157	2	11	11	1	—	677	117	92	1,067	1	12
14	756	174	97	1,324	—	—	—	—	—	—	—	—	405	21	8	108	2	2	1,161	195	105	1,432	2	2
15	716	278	96	725	—	—	193	21	27	331	—	—	306	17	3	154	—	1	1,215	316	126	1,210	—	1
16	353	60	13	163	—	—	—	—	—	—	—	—	510	35	31	191	2	5	863	95	44	354	2	5
17	723	22	140	1,100	—	—	—	—	—	—	—	—	394	21	36	116	—	—	1,117	43	176	1,216	—	—
TOTAL	10,827	1,501	2,924	20,899	7	159	1,062	134	283	1,627	2	3	7,282	345	550	2,317	61	40	19,171	1,980	3,757	24,843	70	202
1952	12,676	1,645	3,102	19,599	1	30	1,540	161	257	1,834	1	1	7,595	314	549	1,953	22	40	21,811	2,120	3,908	23,386	24	71
1951	13,371	1,570	2,473	14,639	3	13	2,345	143	311	1,839	—	—	7,428	332	427	1,335	37	32	23,144	2,045	3,211	17,813	40	45
1950	13,237	882	2,994	13,705	14	119	1,902	161	271	1,369	—	2	6,192	164	549	1,089	97	44	21,331	1,207	3,814	16,163	111	165
1949	16,480	1,654	5,023	20,792	6	15	2,909	164	440	1,496	—	—	6,548	84	530	766	190	15	25,937	1,902	5,993	23,054	196	30

P — Primary immunisation (complete course). R — Reinforcement injection subsequent to complete course.

It is perhaps only natural that the bulk of the reinforcement injections of children of school age should fall to the lot of the divisional medical staffs, but an interesting feature of the above table is the steadily increasing proportion of the children under five years of age who are receiving primary immunisation at the hands of general practitioners in the course of their private practice. In 1949 the private practitioner did 25.2 per cent. of these immunisations, 29.0 per cent in 1950, 32.1 per cent. in 1951, 34.8 per cent. in 1952 and no less than 38.0 per cent. in 1953.

The type of prophylactic used throughout was in almost every case A.P.T. (alum precipitated toxoid) or T.A.F. (toxoid antitoxin floccules), the former being used mainly for the lower age groups and the latter for older children and adults and for reinforcement injections. The use, on a limited scale and usually at the specific request of the parent, of combined diphtheria and whooping cough prophylactic was reported from several health divisions.

Schick testing was undertaken in only one division where 10 such tests were made.

Personal approach by the health visitors, both in the course of their visits to the home and at the clinics and child welfare centres, is the medium of propaganda most extensively employed to encourage parents to have their children immunised. This is supplemented in varying degrees in the several divisions by such means as the distribution of leaflets, display of posters, use of first birthday cards, press advertisements, cinema shows, talks by medical and nursing staffs to various organisations, etc. At the commencement of school life a further attempt is made to secure the protection of non-immunised children, and throughout school life the reinforcement of the protection of those immunised in infancy is arranged at intervals.

**Immunisation in relation to Child Population.**—Individual immunity tends to wane with the passage of time and for this reason any assessment of the extent to which a local population has been protected must take into account the proportion of children of each age who have received at some time or other a course of injections against diphtheria as well as the ages at which the courses were received. This is achieved by a double classification of immunisations already done, i.e., by age at inoculation as well as



by age attained. Thus, it is not only possible to ascertain the number of children who have at some time received protective inoculation, but what is more important the proportion of children in any age group who have had a course of immunisation (whether primary or booster) *within the last five years*—a measure which, whilst not precise, does at least provide a straightforward index of the immunity to diphtheria in the population.

The table below, therefore, shows the number of children under 15 years of age at the 31st December, 1953, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1939) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. Additionally, by expressing the numbers in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1953, as a percentage of the population in that age group, an immunity index is provided.

*Immunisation State of Child Population at 31st December, 1953*

Number of children at 31st December, 1953, who had completed a course of immunisation <i>at any time before that date</i> (i.e., at any time since 1st January, 1939)					
Age at 31.12.53 i.e., Born in year .....	Under 1 1953	1—4 1952-1949	5—9 1948-1944	10—14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster)—					
A. 1949-1953 .....	2,392	78,420	96,754	46,613	224,179
B. 1948 or earlier .....	—	—	33,481	65,361	98,842
C. Estimated mid-year child population .....	29,330	121,670	298,000		449,000
Immunity Index 100 A/C .....	8·2	64·5	48·1		49·9

From the above it will be seen that of a total child population of 449,000, 224,179 or 49·9 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1953, and may therefore be regarded as possessing a high degree of immunity. Additionally, 98,842 children aged five to 14 years or 33·2 per cent. of the child population of those ages had at some time prior to 1948 received a course of immunisation, but, whilst some residual protection will have remained, these can not be regarded as possessing a satisfactory degree of immunity.

In considering the immunisation state of the child population as revealed by the immunity index shown in the above table, it should be borne in mind that, of children under one year of age at the end of the year, only roughly one-third could by then have attained the age of eight months (when immunisations are normally given) and that, even if all of this group aged eight months and over were immunised, the index relative to them could only be about 33 per cent. The 2,392 immunised children in this age group, therefore, really represent approximately 24·5 per cent. of those in that group estimated to be eligible—the corresponding effect on the total of those under 15 years being to increase the index from 49·9 to 52·2 per cent. Again, in concluding whether or not the immunity of the children in the age groups 5 to 9 and 10 to 14 years is satisfactory, in addition to the index which is largely dependent upon booster inoculations having been given in the last five years, some regard must be had to the existence of the residual protection from inoculations given more than five years previously.

It is unfortunately not possible to give comparable immunity indices for previous years as the procedure of segregating immunisations and reinforcement injections undertaken during the last five years from those done previously was only initiated for the year 1953, but the table below gives for 1953 and the previous five years particulars of the numbers of children at the 31st December in each year who had completed *at any time before that date* a course of immunisation—the degree of immunity naturally varying according to how long before the 31st December of the relevant year the inoculations were given.

*Immunisation in relation to Child Population, 1948-53*

Number of children at 31st December in each year who had completed a course of immunisation at any time before that date													
Year	Children under 5 years of age					Children aged 5-14 years inclusive					All children under 15 years of age		
	Age (in yrs.) at 31st Dec.			Estimated mid-year population	Percent-age of such chil-dren in popula-tion	Age (in yrs.) at 31st Dec.			Estimated mid-year popula-tion	Percentage of such children in population	Total No. of children	Total estimated mid-year population	Percentage of such children in population
	Under 1	1—4	Total under 5			5—9	10—14	Total 5—14 inclusive					
1948	3,656	76,413	80,069	165,111	48·4	93,996	89,865	183,861	258,898	71·0	263,930	424,009	62·2
1949	5,984	78,849	84,833	167,430	50·7	100,525	94,892	195,417	265,800	73·5	280,250	433,230	64·7
1950	4,110	82,092	86,202	168,780	51·1	106,706	100,635	207,341	272,080	76·2	293,543	440,860	66·6
1951	2,888	85,938	88,826	168,161	52·8	111,678	103,916	215,594	276,470	78·0	304,420	444,631	68·5
1952	3,400	82,244	85,644	157,200	54·5	120,363	106,201	226,564	287,400	78·8	312,208	444,600	70·2
1953	2,392	78,420	80,812	151,000	53·5	130,235	111,974	242,209	298,000	81·3	323,021	449,000	71·9



By the end of 1953, of the child population under 15 years of age, 71·9 per cent. had at some time previously been immunised—an increase of 1·7 compared with the figure for the previous year. There was again an increase, viz., 2·5 per cent. in the proportion amongst the school child population, but it should be borne in mind that the figures include, in addition to any who were primarily immunised or received reinforcement injections during the last five years, many who were immunised only during pre-school years and have moved up into the older age groups without reinforced protection. Thus, the greater the numbers of pre-school children immunised, the greater in succeeding years are the numbers in the older age groups who have at some time received protective immunity. It naturally follows then that the success or otherwise of any campaign of immunisation rests largely on attaining a high figure of children protected at an early age, with subsequent continuation of the acquired immunity by reinforcement injections during school life. Unfortunately, in this respect there was for the first time for some years a slight recession in 1953 in the percentage of pre-school children who had been inoculated during the past five years, the figure of 53·5 being 1·0 per cent. less than in the previous year. This is all the more regrettable since the previous highest figure of 54·5 per cent. was itself much below the desired minimum if immunisation is to be thoroughly effective. It is therefore essential that whilst the process of maintaining continuity of protection of school children is important, every effort must be made towards ensuring that as many children as possible receive primary immunisation in infancy.

**Diphtheria Notifications and Deaths in relation to Immunisation.**—The table following shows by age groups, the number of notifications of, and deaths from, diphtheria amongst children under 15 years of age during the year ended 31st December, 1953, in relation to immunisation. For comparative purposes the corresponding figures are given for each of the five previous years.

*Diphtheria Notifications and Deaths in relation to Immunisation, 1948-53*

Notifications						Age (in years)		Deaths					
1948	1949	1950	1951	1952	1953			1948	1949	1950	1951	1952	1953
1	1	—	—	—	—	C	Under 1	D	1	—	—	—	—
—	—	—	—	—	—	I		I	—	—	—	—	—
37	16	7	10	12	5	C	1—4	D	5	3	3	1	2
7	6	4	3	4	—	I		I	—	—	1	—	1
69	27	11	12	43	3	C	5—9	D	4	1	2	—	—
35	16	5	1	22	1	I		I	—	—	—	—	1
48	15	8	2	6	6	C	10—14	D	1	—	—	—	—
18	7	3	2	4	3	I		I	—	—	—	—	—
155	59	26	24	61	14	C	Total under 15 years	D	11	4	5	1	2
60	29	12	6	30	4	I		I	—	—	1	—	2

C = No. of cases notified. D = No. of deaths.

I = No. of instances in figure above in which the child had completed a full course of immunisation.

Not only was the incidence of diphtheria amongst children very much less than in the preceding year, which had been marked by a sizeable outbreak in the Borough of Darwen, but the case notifications showed a continuation of the downward trend which had been so amply apparent for some years previously, the 14 cases providing a new low record. Of the 14 cases, four occurred amongst children who had at some time been immunised, but as they were all in the older age groups it may well be that the immunisation was done in infancy and the protection so acquired had not been later reinforced. In any event, it is generally recognised that diphtheria occurring in an immunised child is of a much milder character than in one not so protected, evidence of which is provided by the comparative mortality ratios. The two deaths which occurred in 1953 were of non-immunised children.

The variations between the notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1953 and the preceding four years together with the corresponding attack and case fatality rates in respect of those (a) immunised and (b) not so protected are shown in Table 17, page 165. Whilst the table is mainly self-explanatory, attention may be particularly directed to a comparison of diphtheria in immunised and non-immunised children as reflected by both the attack and case fatality rates. It should be borne in mind, however, that when dealing with comparatively small numbers, as is now the case, the value of comparative rates is lessened inasmuch as considerable fluctuations in the rates can be produced by only slight variations in the numbers of either cases or deaths.

## AMBULANCE SERVICE

**General Organisation and Administration.**—**RADIO CONTROL PROPOSALS.**—The principal consideration during the year, as affecting the basic organisation of the service, was the proposal to introduce a scheme for radio control of the service allied with a revision of the telephone system, supervisory and operational staffing arrangements, vehicle establishments, etc. Visits were made by members of the Ambulance Sub-Committee to other authorities where radio-controlled services were in operation and a preliminary survey of the County was undertaken by a commercial firm with a view to obtaining technical data.

The proposal coincided, however, with a similar scheme for the Fire Service and the County Council decided that consideration be given to the possibilities of co-ordinating both schemes, so far as technical aspects were concerned, with the radio service operated by the County Police. At the end of the year the position continued under review.

AGENCY ARRANGEMENTS.—In December, 1953, an informal agency arrangement with a voluntary Ambulance Committee covering the area of Banks in the West Lancashire Rural District was terminated by the voluntary body, as they decided that the continuance of the local provision had ceased to serve any useful purpose.

With effect from the 1st September, 1953, the agency agreement with the Oldham County Borough Council was terminated and, pending completion of the new station at Crompton, the ambulance service for the area concerned with its population of some 84,000 was provided by the County stations at Middleton and Ashton-under-Lyne.

The following were the agencies remaining in operation at the 31st December, 1953:—

<i>Agency</i>	<i>Area served</i>	<i>Estimated population, 1953</i>
Westmorland C.C. ....	Ulverston R.D. (part)—(Skelwith; Hawkshead; Claife) ....	1,260
Blackburn C.B.C. ....	Blackburn R.D. (part)—(Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley) } Preston R.D. (part)—(Samlesbury (part)) ....	8,904
Burnley C.B.C. .... (Emergency service only)	Burnley R.D. (part)—(Worsthorne; Cliviger; Habergham Eaves; Dunnockshaw) ....	—
Tarleton Agency Service	West Lancashire R.D. (part)—(Tarleton; Hesketh-with-Becconsall; North Meols) ....	7,380
Wigan C.B.C. ....	Orrell U.D. Aspull U.D. Standish-with-Langtree U.D. Upholland U.D. Billinge and Winstanley U.D. Wigan R.D. }	45,294
Warrington C.B.C. ....	Warrington R.D. (part)—(Penketh; Great Sankey; Burton-wood (part); Winwick (part); Croft; Poulton-with-Fernhead; Woolston; Rixton-with-Glazebrook) ....	32,190
Bolton C.B.C. ....	Turton U.D. ....	10,870

NATIONAL COAL BOARD.—Whilst the County Ambulance Service has, since 1949, provided service on behalf of the North Western Division of the National Coal Board to collieries throughout most of the County area, the Board maintained their own fleet of ambulances at the Worsley Depot. At the request of the Board agreement was reached for the County Council to provide ambulance cover to all the collieries in the County area on the withdrawal from service of the Board's vehicles at the end of the year under report. In accordance with Ministry of Health instructions the County Council recoup the whole of the costs so as to avoid any charge for this work falling on the rates. The figures for 1953 show that 12,758 ambulance miles and 11,009 car miles were run in carrying patients from collieries.

SPECIAL USE OF AMBULANCE SERVICE VEHICLES.—In the report for 1952 full details were given of the special use of ambulance service vehicles authorised by the Health Committee for the conveyance of persons other than in accordance with a strict interpretation of the obligation which rests on the service. During the year the Committee authorised the service to provide transport for handicapped persons to attend meetings and handicraft classes organised by the Inskip League of Friendship.

The Committee also decided that the charge for such ancillary services should be at the rate of one-third of the ascertained cost per mile for an ambulance and one-half the cost per mile for a sitting case car.

The mileage undertaken in respect of all such journeys during the year was 176,523 or 4.4 per cent. of the total case mileage.

RECIPROCAL AID.—The system of reciprocal aid between the County Ambulance Service and those of the County Boroughs in Lancashire continued to prove effective during the period under report, mutual aid operating in approximately 6 per cent. of the emergency cases attended.



**Vehicles.**—On the 31st December, 1953, the County Ambulance Service had under its direct control a total of 431 motor vehicles, classified as follows and shown in relation to the position at the end of the previous year and at the 5th July, 1948:—

Type of vehicle	Total number in service at—		
	5th July, 1948	31st Dec., 1952	31st Dec., 1953
Ambulances .....	165	171	171
Sitting-ease cars .....	25	109	121
Other health service vehicles .....	90	139	139
Total vehicles .....	280	419	431

The above figures do not include vehicles owned by other health authorities or certain private hire firms covering portions of the Administrative County under agency agreement.

**NEW VEHICLES.**—The policy of standardisation of design of new vehicles has been continued during the period under report. Certain modifications have been incorporated in the original specification of the standard "Commer" ambulance including the provision of an improved engine of 16 h.p., reduction in overall height of the vehicle, and improvement in design of doors, fittings, etc.

In regard to the Hillman 10·9 h.p. estate car which is utilised for the conveyance of sitting eases, provision is being made in later models for the carrying of a collapsible stretcher for use in emergency.

**MAINTENANCE OF VEHICLES.**—The vehicle maintenance scheme, particulars of which were given in an earlier report, provides for the carrying out of service operations on all vehicles at intervals of 4,000 miles running, the work being undertaken at a central depot by a local firm of motor engineers under contract with the County Council.

During the year 1953 the County Council approved the establishment of a Central Vehicle Maintenance Unit, under the control of the Chief Fire Officer, for the maintenance and repair of vehicles operated by various departments of the County Council. The fleet of health service cars was included in the scheme from the 1st April, 1953, repairs and servicing being carried out at the three unit workshops situated at Preston, Lancaster and Eeles. Similar arrangements for ambulance service vehicles will shortly take effect.

**PETROL SUPPLIES.**—In order to take advantage of the economy resulting from bulk purchase it is the policy to refuel ambulance service vehicles from County-owned petrol storage installations, wherever practicable. At the 31st December, 1953, 40 of the 52 ambulance stations were drawing petrol from pumps situated at ambulance stations or owned by other departments of the County Council.

**VEHICLE MILEAGES.**—The following table shows the total mileage, for all purposes, covered by each class of vehicle in the ambulance service during the twelve months ended 31st December, 1953, compared with the corresponding figures for previous years:—

Year	Total annual mileage			
	Ambulances	Sitting-ease cars	All vehicles	Increase on previous year (per cent.)
1949	1,627,246	818,926	2,446,172	—
1950	1,979,443	1,320,757	3,300,200	34·9
1951	2,132,561	1,656,913	3,789,474	14·8
1952	2,171,413	1,722,108	3,893,521	2·7
1953	2,168,699	1,955,101	4,123,800	5·9

It will be observed that the total annual mileage continues to rise, the figure for 1953 representing an increase of 5·9 per cent. over that for the previous year. This increase was in large measure due to the inclusion during the year of additional areas of the Administrative County previously served by agency agreement; if this factor is disregarded the mileage increase over the year 1952 was approximately 1·8 per cent.

In the table below the total mileage covered during 1953 is averaged on an individual vehicle basis:—

Class of vehicle	No. in service at 31.12.53	All vehicles		Average per vehicle	
		Annual mileage	Average weekly mileage	Annual mileage	Weekly mileage
Ambulances .....	171	2,168,699	41,706	12,682	244
Sitting-cab cars .....	121	1,955,101	37,598	16,158	311
All vehicles .....	292	4,123,800	79,304	14,123	272

**OTHER HEALTH SERVICE VEHICLES.**—In addition to the control and maintenance of ambulance service vehicles, the ambulance service central administration is also responsible for administrative and technical matters appertaining to motor vehicles used in connection with other branches of the County Health Service. Such functions include the maintenance of a fleet of cars owned by the County Council and allocated to officers, principally district nurses and district nurse-midwives, engaged on health service duties. At the 31st December, 1953, the fleet consisted of 130 cars together with nine miscellaneous vehicles.

**Staff.**—A total ambulance station staff of 707 was employed at the 31st December, 1953, an increase of six as compared with the previous year. In addition there were 17 Divisional Ambulance Superintendents.

**TRAINING.**—Two years have now elapsed since the present training programme was introduced and the extended training allowance of 4s. per week payable to employees who have completed the full programme is being paid to approximately 90 per cent. of the staff.

The proportion of staff holding a first aid qualification renewed during the year remained fairly constant at 95 per cent.

The training programme comprises lectures on liaison with police, emergency midwifery, vehicle maintenance, home nursing, map reading and infectious diseases. The artificial respiration examination of the Royal Life Saving Society is also included as, of course, is a first aid course and examination.

A National Joint Industrial Council ruling of considerable importance was made during the year on the question of the 6s. first aid allowance.

The Scheme of Conditions of Service has never specifically required more from recipients of the 6s. first aid allowance than “a refresher course as and when required by the employing authority”. The County Council have always regarded the refresher course referred to as including an examination and personnel have been required to qualify annually at this examination in order to secure the 6s. first aid allowance.

In November, however, the National Joint Council, as a result of representations made, gave it as their opinion that the relevant provision in the national agreement did not require annual re-examination as a condition for payment of the first aid allowance.

In order to avoid any lowering of the standard of training which might possibly ensue from this decision it is felt that the time is opportune for a review of the entire training programme.

**NATIONAL SAFE DRIVING COMPETITION.**—All eligible drivers were again entered in the National Safe Driving Competition organised by the Royal Society for the Prevention of Accidents and of the 634 drivers entered in 1953 awards were made to 504.

**Premises.**—Soon after the County Council assumed responsibility for the provision of an ambulance service schemes were approved for replacing inadequate and unsuitable buildings by premises which were designed to the needs of the service, and it was during 1953 that the benefits of this policy began to be realised. Eight new standard-type stations were brought into operation on the dates indicated below:—

Station	Operational date
Accrington .....	1st February, 1953
Darwen .....	7th June, 1953
Farnworth .....	17th May, 1953
Fleetwood .....	23rd July, 1953
Huyton .....	14th June, 1953
Ramsbottom .....	10th May, 1953
Thornton .....	24th April, 1953
Widnes .....	14th June, 1953



In addition, building work on the following premises was well advanced by the end of the year:—

Broughton House .....	Ambulance Service Headquarters
Crompton .....	Standard 4-Bay Station
Eccles .....	Non-standard 5-Bay Station
Morecambe .....	Standard 5-Bay Station
Swinton .....	Standard 10-Bay Station
Whiston .....	Standard 6-Bay Station
Whitefield .....	Standard 5-Bay Station

The number of County ambulance stations in service at the beginning and end of the year under report is given below in an analysis of the daily duration of operation:—

	<i>No. of stations at—</i>	
	<i>1st January, 1953</i>	<i>31st December, 1953</i>
Operating 24-hour service .....	39	40
„ 16- „ „ .....	3	4
„ 8- „ „ .....	8	8
	—	—
TOTAL .....	50	52
	==	==

**Communications.**—The principle of centralising incoming calls and connecting main stations with sub-stations by private telephone lines in order to economise in the need for telephone staff was continued during 1953.

In a number of cases where circumstances justify it, main stations were connected by private wire to the local infirmary.

Consideration was being given at the end of the year to the installation of five automatic exchanges with an associated private wire network which would give direct dialling facilities between all County ambulance stations.

**Long Distance Service.**—During the year under review, 2,193 cases were moved by the long distance service to various parts of the country, involving a total mileage of 191,917. Of these cases, a large proportion were removals within the Administrative County area, mainly to Manchester and Liverpool hospitals from the north and west of the geographical County. It has been possible in many instances to co-ordinate journeys, two or three patients from areas en route to the destination being conveyed in the same vehicle, thus eliminating to a large extent unnecessary mileage and at the same time relieving divisional stations of journeys which would involve the absence of vehicles and personnel for a long period of time thus leaving them free to undertake their normal removals within the divisions.

In addition to the cases shown above, rail transport was used on 41 occasions, as compared with 18 during the previous year. In all cases, irrespective of whether the patient, the hospital, or the ambulance service paid the railway fare, the long distance service were responsible for the arrangements connected with the journey, i.e., seat or carriage reservations where necessary, and liaison with other ambulance authorities in respect of ambulance transport at the rail terminus. In five cases, where patients were unaccompanied and required attention on the journey, escorts were provided by the ambulance service. In the majority of cases patients were accompanied by relatives or friends and there was no necessity for the ambulance service to provide suitable escort.

The four specially designed and equipped long distance ambulances are in constant demand and it is a creditable achievement to record that during four years of continuous service with a total mileage of approximately 265,000, no accidents or breakdowns have occurred whilst the vehicles have been engaged on long distance journeys.

**Service Statistics.**—During the five years which have now elapsed since the inception of the County ambulance service each year has shown increasing demands on the service, the number of cases carried during 1953 being 86 per cent. more than in 1949, the first year of operation.

The total number of cases moved during the year under review was 663,818 which represents an increase of 7.0 per cent. over 1952. Nearly one-half of this increase was due to the County Council providing the necessary service coverage on the termination of agency agreements in the Darwen and Oldham areas.

The total of 50,126 emergency cases dealt with during the year was 13.4 per cent. greater than that of the previous year and represented the highest annual increase so far recorded. The continued rise in the number of emergency cases has been due to the increasing number of urgent illness and maternity admissions to hospital. The urgency of maternity cases may be illustrated by the fact that during the last six months of 1953, thirteen babies were born in the ambulance, and in a further twenty-four instances the baby had been born before the arrival of the ambulance.

It is satisfactory to record that the response to emergency calls was again maintained at the previous standard, the average time taken to reach the scene of an emergency from the time of receipt of the call being 7.8 minutes (the longest being 14.5 minutes and the shortest 4.1 minutes) compared with 7.6 minutes in 1952. On average, cases were delivered to hospital within 24.3 minutes of the receipt of the call, actual times varying between 58.1 and 15.9 minutes. In connection with these figures it must be noted that whilst at one station the average mileage for each emergency case was 46, at another it was only five.

Non-urgent and infectious disease removals for the year numbered 613,692, an increase of 6·5 per cent., and here it is interesting to note the increasing use of sitting-case cars. Twelve additional cars were brought into service during the year and car cases rose by 16·0 per cent., whilst ambulance cases rose by only 1·6 per cent. Out-patients accounted for 85·5 per cent. of non-urgent removals.

An increase of 5·9 per cent. in total mileage brought the mileage run during the year to 4,123,800, an increase consistent with the overall increase in cases, and 69 per cent. more than 1949. It is satisfactory to record a fall of 8·6 per cent. in service and administrative mileage.

It must be noted that the above figures summarising the work of the past year have been calculated on the basis laid down by the Ministry of Health which regards an out-patient taken to hospital and returned home on the same day as two cases, and are not comparable therefore with the figures in the tables following in which an out-patient is regarded as one case only.

The table below shows the total number of cases moved and mileages run over the last five years. The mileage figures for 1950 are gross mileages, the remainder being case mileages which exclude service and administrative mileage.

	1950		1951		1952		1953	
	Cases moved	Mileage	Cases moved	Mileage	Cases moved	Mileage	Cases moved	Mileage
Emergency .....	32,775	*	38,566	408,502	44,216	464,141	50,126	519,349
Non-urgent .....	271,081	*	314,333	3,017,360	328,045	3,060,780	352,405	3,268,803
Non-urgent (Long distance) .....	2,198	189,654	2,568	229,981	2,596	213,862	2,175	191,917
Infectious disease .....	2,898	*	3,350	47,266	3,162	47,757	2,976	45,945
TOTALS .....	308,952	3,300,200	358,817	3,703,109	378,019	3,786,540	407,682	4,026,014
Gross mileage .....	3,300,200		3,789,474		3,893,521		4,123,800	

\* Not available.

The number of cases moved per 1,000 population for each section was as follows:—

	1951	1952	1953
Emergency .....	18·9	23·9	25·3
Non-urgent.....	154·9	174·9	179·0
Infectious disease .....	1·8	1·6	1·5
	<u>175·6</u>	<u>200·4</u>	<u>205·8</u>

The diagrams on the opposite page illustrate the average hourly demands on the service both as regards all types of cases and emergency cases only—the numbers in each hourly period being expressed as a percentage of the total cases in the appropriate category.

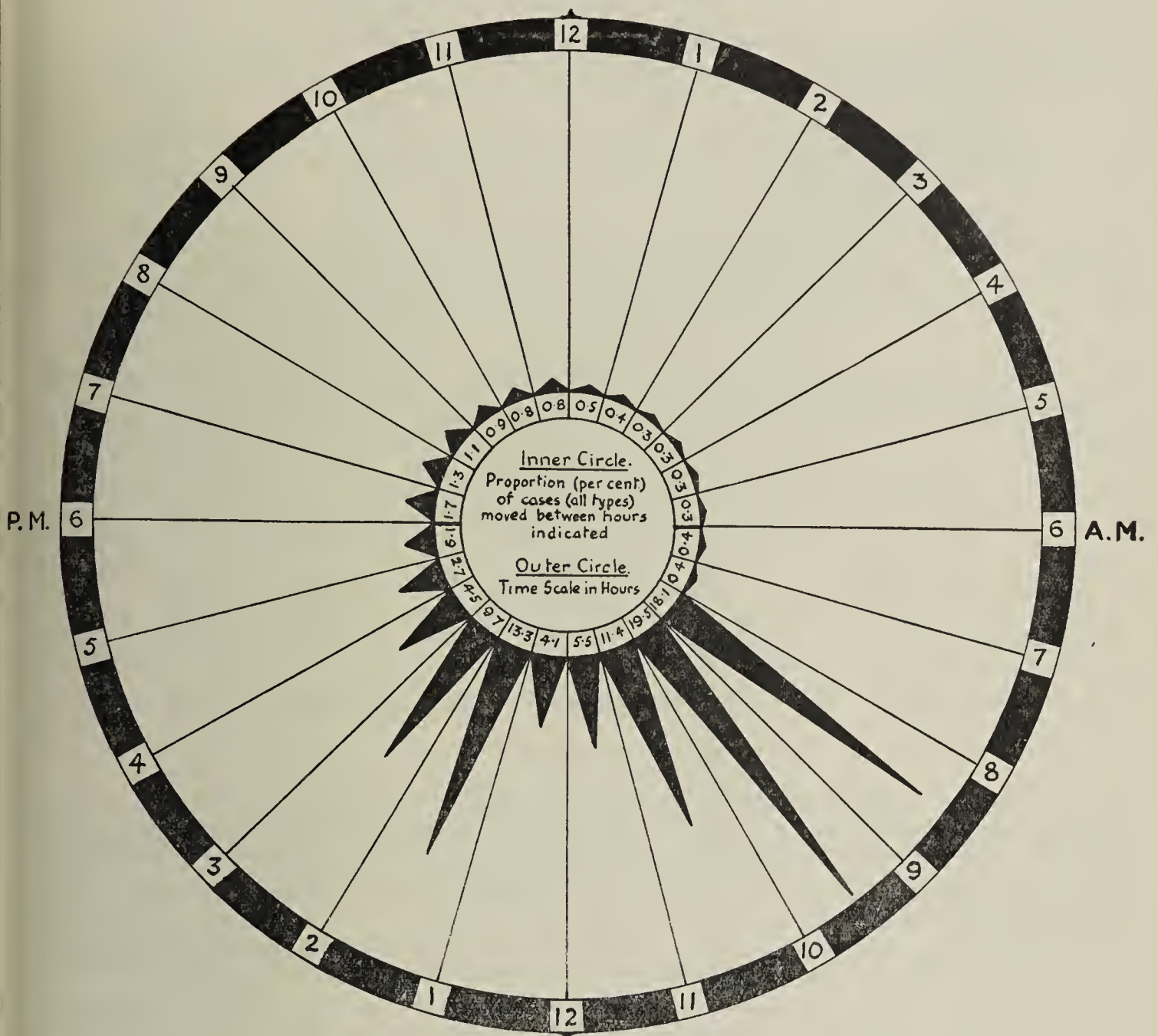
EMERGENCY SECTION.—A summary of the time factors in dealing with emergency calls for the last five years is reproduced below. All the times with the exception of that spent at the case refer to the period elapsing after the receipt of the emergency call.

Year	No. of journeys made	Average time in minutes			
		To reach case	Spent at the case	To reach hospital	To return to station
1949	25,660	8·4	5·3	24·6	54·2
1950	31,837	7·9	5·4	24·5	53·3
1951	37,595	7·6	5·4	24·3	53·9
1952	43,288	7·6	5·3	24·1	49·0
1953	49,038	7·8	5·2	24·3	48·4



## CASES MOVED

DIAGRAMS SHOWING PEAK PERIODS OF DEMAND ON SERVICE

*All Cases (including emergencies)**Emergency cases only*

GENERAL SECTION.—The following statement analyses the types of non-urgent cases carried during 1953 and the preceding year:—

	1952	1953
Hospitals .....	280,479	309,016
County Council clinics, child welfare centres, etc. ....	2,155	2,517
Welfare institutions and nursing homes .....	968	976
Ministry of Pensions .....	1,146	1,187
Occupation centres and open-air schools .....	33,963	35,324
Day nurseries .....	5,700	800
House-to-house transfers .....	1,452	1,557
Vehicle not required .....	502	187
Others .....	4,276	3,016
	<u>330,641</u>	<u>354,580</u>

The comparative numbers of in-patients and out-patients conveyed by ambulance and car for 1953 and the preceding year are as follows:—

Type	1952			1953		
	Ambulance	Car	Total	Ambulance	Car	Total
In-patients .....	52,992	23,205	76,197	54,858	27,733	82,591
Out-patients .....	158,453	95,991	254,444	161,277	110,712	271,989
TOTAL.....	211,445	119,196	330,641	216,135	138,445	354,580

**Civil Defence.—Ambulance Section.**—The County Council, as a scheme-making authority under the Civil Defence Act, 1948, have placed upon the County Medical Officer of Health the duties arising out of the Civil Defence (Ambulance) Regulations, 1949. These duties provide, in general terms, as follows:—

(a) To make plans for the expansion of the ambulance service in the event of hostile action or threat of hostile action.

(b) To train all members of the staff of the ambulance service under section 27 of the National Health Service Act, 1946, and also members of the Civil Defence Corps as required.

(c) To supply the Ministry with information with regard to premises, vehicles, personnel and their training progress in connection with the ambulance section of the Civil Defence Scheme.

The progress made up to the end of 1953 in implementing these responsibilities is summarised in the following paragraphs.

**PREMISES.**—Accommodation for the initial reception of the vehicles to be provided by the Ministry of Health in the event of an emergency has been earmarked in the appropriate government registers together with accommodation for vehicles and staff in the County area in accordance with the plan for the establishment of auxiliary civil defence ambulance stations. At the end of the year only in a few instances was the final determination of selected premises awaiting confirmation.

**EQUIPMENT.**—A limited supply of civil defence equipment, i.e., blankets, stretchers, stretcher fittings, required for training purposes has been received and distributed to the County ambulance stations.

**PERSONNEL.**—The recruitment of volunteers to the Civil Defence Corps is undertaken by the County District Councils and the volunteers to the ambulance section are absorbed into the service for training.

In order to ensure that the ambulance service is self-contained for the civil defence training both of volunteers and whole-time staff, representatives from the health divisions have been assigned to Home Office courses to qualify as instructors.

The peace-time establishment of volunteers authorised for the ambulance section has, in fact, been recruited and the various stages of training are in progress, although this aspect presents many problems not entirely restricted to the County Ambulance Service. The difficulty of dealing with part-time volunteers can be readily appreciated.



The training of the staff falls into the following categories:—

*Basic Civil Defence.*—Undertaken by the instructors of the County District Councils in respect of volunteers and by service instructors for the whole-time staff.

*Full First Aid.*—By service instructors. The syllabus laid down by the Home Office is a specially designed civil defence course and therefore applicable to both volunteers and the peace-time staff whose normal training is based on the St. John Ambulance Association syllabus.

*Section Training.*—By service instructors and applicable to volunteers and whole-time staff although basically forming the normal routine training of the whole-time service.

*Driving Instruction.*—Driving instruction is not part of the training given to whole-time staff who are recruited from qualified and experienced drivers. The proportion of volunteers holding a driving licence is relatively small and the task of training the numbers of volunteers required for driving duties is of some magnitude. Six vehicles, redundant to the requirements of the ambulance service, have been allocated for driving instruction which is given by the ambulance staff outside the hours of their tour of duty.

The progress at the end of 1953 with regard to the staff establishment of the Civil Defence Ambulance Section was as follows:—

Authorised peace-time establishment	Recruited	Trained in			
		Basic C.D.	Full first aid	Section training	Driving
1,521	1,776	482	123	No course completions	3

#### PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Whilst under section 28 of the National Health Service Act, 1946, local health authorities were empowered to make arrangements (which may include payment of contributions to voluntary organisations) for the prevention of illness and the care and after-care of persons suffering from illness or mental defectiveness, the Minister of Health reserved to himself the right to direct the exercise of any of these powers. Accordingly, he specifically directed that arrangements shall be made for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from tuberculosis.

The County Council's original proposals for the provision in the Administrative County area of a service for the prevention of illness and for the care and after-care of sick persons, which were approved by the Minister on the 22nd April, 1948, may therefore be considered in two main categories, viz., tuberculosis and all other types of illness.

**Tuberculosis.**—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies. Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Council; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

For the latter purpose, the County Council normally employ a staff of 37 tuberculosis health visitors. Primarily engaged in domiciliary visiting, these whole-time health visitors work in close co-operation with the chest physicians and also devote part of their time to duties in the chest clinics of the Regional Boards. One of their important tasks is the tracing of contacts of known cases of tuberculosis. Contacts so found are then encouraged to attend the chest clinic for examination and in this work the personality of the health visitor counts for much. Most contacts do attend the clinic as a result of the health visitors' efforts but a small number refuse to undergo an examination. Contacts who are tuberculin negative are offered B.C.G. vaccination and children and adolescents in constant contact with open cases are repeatedly examined.

A similar procedure is used in connection with the examination of contacts of persons who were not notified as cases of tuberculosis until after death.

In this work there is a close liaison between the divisional medical and nursing staff and the chest physicians, an arrangement which is working satisfactorily.

The chest physicians of the Regional Boards devote the major portion of their time to work for the Regional Boards in the clinics and hospitals but spend a part of their time in duties on behalf of the local health authority advising on the important problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's tuberculosis health visiting staff.

The following statement serves to indicate the work carried out during 1953 and the previous three years on behalf of the local health authority by the chest physicians and the tuberculosis health visitors:—

	Year			
	1950	1951	1952	1953
(a) <i>Chest Physicians</i>				
Home visits in respect of:—				
New patients and contacts .....	318	284	244	347
Old cases and contacts .....	1,088	1,095	1,238	1,146
(b) <i>Tuberculosis Health Visitors</i>				
No. of attendances at Care Committee meetings	40	46	55	44
No. of lectures or addresses given .....	39	37	7	4
Home visits—				
Routine visits—				
(i) New cases and contacts .....	3,412	4,352	3,976	4,794
(ii) Old cases and contacts .....	34,273	35,597	36,111	40,644
Visits for special purposes—				
(i) Surgical dressings .....	388	273	256	175
(ii) Orthopaedic attention .....	528	459	396	401
(iii) Other actual nursing .....	832	566	813	566
Unclassified .....	113	146	179	243

In addition, during the four years 1950 to 1953 the tuberculosis health visitors made 7,086, 7,628, 6,709 and 6,126 attendances respectively at chest clinic sessions.

A summary of the work of the tuberculosis health visitors in the respective health divisions during 1953 is given in Table 18, page 166.

In tuberculosis the action and supervision of the hospital and clinic can seldom suffice to secure the social and physical welfare of patients and their families which is vital to the effective treatment and control of the disease. A care and after-care organisation is required which will co-operate with, but not overlap, the treatment services and whose basic function will be to help solve the special problems of the tuberculous household and so relieve domestic difficulties and worry. To this end the County Council, in conjunction with other bodies, have made available the facilities summarised below:—

*Extra nourishment.*—The National Assistance Board may make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Board, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge.

*Extra beds and bedding.*—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

*Nursing equipment.*—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

*Medical requisites.*—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills, and pillow cases.

*Shelters.*—Garden shelters are loaned to suitable cases and are transported, erected and maintained free of charge.

*Home help.*—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder but greater allowances are made where a person has suffered loss of income in order to undergo treatment for respiratory tuberculosis. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination.

*Rehabilitation.*—One of the greatest problems facing a patient who has undergone lengthy treatment is the return to employment. He must be guarded against the risk of a relapse, light work in good surroundings and preferably under medical supervision often providing the answer. In other cases arrangements have been made with voluntary organisations, who maintain village settlements where industrial training is provided, to take suitable cases from the County area. The whole or part of the cost may be recovered from the patient according to his family circumstances. As a rule the patient has no earned income and so far no charge has been made to a patient for his maintenance.

In some colonies the cost of rehabilitation is highest while the patient is learning his trade and on his transfer to the workshops the cost decreases over a period of about three years.



Arrangements have been made with the following units:—

East Lancashire Tuberculosis Colony, Barrowmore Hall, near Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.

Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.

Enham-Alamein Village Centre, Andover, Hants.

British Legion Village, Preston Hall, Maidstone, Kent.

**EMPLOYMENT OF THE TUBERCULOUS.**—Generally speaking, it is not easy to find employment for tuberculous persons. Quiescent cases may be placed in suitable situations by the Disablement Rehabilitation Officer of the Ministry of Labour and National Service or, in some areas, by employers who actively co-operate with medical officers to find suitable work for tuberculous subjects in a position in which they are not a danger to others. However, cases with persistent positive sputum are discouraged from working if it is known that the conditions of employment are likely to endanger their own health or that of fellow-workers.

Under the Tuberculosis Regulations notifications of cases are confidential and no action or enquiry may be undertaken regarding a patient and his employment which would cause a breach of this confidence. This protection, although safeguarding the patients' interests to some extent, if not waived by the patient concerned may impede or preclude investigation into his conditions of employment and contact with other employees. Under these circumstances it would be difficult to introduce preventive measures in the patients' place of work; such information as would be available to guide the medical officer would come from the patient himself and in his anxiety for his future security the patient may not be inclined to offer a full and accurate picture.

**VOLUNTARY CARE COMMITTEES.**—Voluntary Care Committees are still functioning in some areas and perform a very valuable and important work, but as most of the services for which grants were hitherto made are now taken over by the Assistance Board, Regional Hospital Boards and local health authorities, e.g., financial assistance, clothing and extra nourishment, the County Council grants to the Voluntary Care Committees ceased at the end of the financial year 1949-50.

**NON-NOTIFIED FATAL CASES.**—One of the most serious matters in relation to the prevention of tuberculosis is the problem of the non-notified case, which is discovered only at death. Unfortunately, as such cases only come to the notice of the Medical Officer of Health on the receipt of a death certificate, it is obvious that no steps can have been taken in such instances to minimise the risk of the spread of infection and this is without doubt a serious matter, particularly as regards members of the family of the deceased who must have been in close contact with the case during life and who often appear to be comparatively healthy.

The importance of the problem is emphasised when it is realised that in 1953 almost one in every six fatalities from tuberculosis was that of a case not previously notified during life. Further reference to these figures is made in the section of the Report on the "Prevalence of, and Control over, Infectious Diseases".

It is therefore essential for the prevention of tuberculosis that such cases should not escape notification, but to overcome this is far from easy. It is apparent that some cases ascertained by hospital medical staffs are remaining un-notified, either through insufficient regard for the statutory requirement or, no doubt in some instances, through consultant, resident medical officer and general practitioner leaving the duty to one another. In addition there is still a natural reluctance on the part of many persons infected with tubercle to disclose the fact or, if doubtful, to ascertain the truth by medical examination and thus place themselves in the hands of the authorities for treatment or the application of measures designed to ensure the protection of other members of the community. Mass radiography has, to some extent, assisted in ascertaining additional and perhaps unsuspected cases but here again the individual infected with tubercle who is averse to disclosure of the fact would be unlikely to avail himself of mass radiography. There is, therefore, undoubtedly a very real need for an intensification of health education activities to get over to the individual and the public generally a full appreciation of their moral responsibility to the community at large. It naturally follows that there must run parallel with such teaching increased facilities for the isolation and treatment of infective cases—facilities which, unfortunately, owing to staffing difficulties, still fall short of the desired optimum.

**MASS RADIOGRAPHY.**—Mass radiography units operated by the Manchester and Liverpool Regional Hospital Boards have visited a number of districts both in the County area and in County Boroughs at which County residents have been able to attend.

When necessary divisional medical officers avail themselves of the assistance of a radiography unit in making a survey of a school where an active case of pulmonary tuberculosis has been discovered.

**DETECTION OF EARLY CASES.**—Many early cases come to light during mass radiography surveys and are followed up by the local chest physician and divisional medical and nursing staff. Schemes for detection of early cases are also in operation at all chest clinics and at hospitals.



Tuberculin tests are available for children coming forward as contacts and for doubtful cases found among children at school health inspections and at routine health inspections at day nurseries. Positive reactors are followed up and the source of infection looked for.

Tuberculin testing can be usefully extended to school entrants in particular and steps in this direction are now being taken.

**VACCINATION AGAINST TUBERCULOSIS.**—The County Council's proposals under section 28 of the National Health Service Act, 1946, were amended in 1949 to provide for B.C.G. vaccination by and at the instance of a physician with specialist knowledge and experience of tuberculosis in approved cases where the patient is known to be in contact with tuberculous infection. Chest physicians in clinics dealing with patients from the Administrative County area undertake B.C.G. vaccination under the care and after-care scheme.

During 1950 only a few cases were dealt with but in 1951, 3,432 persons were examined and tested for suitability for B.C.G. vaccination (the bulk of them being under 15 years of age) and 741 were actually vaccinated. The corresponding figures for 1952 were 3,383 and 966 respectively and for 1953, 3,038 and 1,097.

It must be remembered, however, that this is not a full picture of the B.C.G. scheme as many more vaccinations, principally amongst doctors and nurses, are being carried out in hospitals under arrangements made by the Hospital Boards and, in particular, the vaccination of newly born infants is undertaken at St. Mary's Hospital, Manchester.

A further amendment to the County Council's proposals, which was duly approved by the Minister in November, 1951, enables the County Council to provide for the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing B.C.G. vaccination. During 1953 eight children (four males and four females) were admitted from the County area under these arrangements.

Accommodation for this kind of case is to be provided by the County Council at Higher Trapp, Simonstone. Adaptations at this home are now complete and the home will shortly provide 26 beds.

**ARRANGEMENTS FOR TUBERCULOSIS TREATMENT IN SWITZERLAND.**—The Minister of Health, in conjunction with the Regional Hospital Boards, has made arrangements at two Sanatoria at Davos, Switzerland, for the treatment and accommodation of a limited number of suitable respiratory tuberculosis patients who are on the waiting lists for institutional treatment in England and Wales. Patients are submitted for selection through the chest clinics and each selection is made by a Medical Assessor (who is on the staff of a Regional Board) after full consideration of the patient's history and present condition. The Minister has enlisted the co-operation of the British Red Cross Society (in association with the Order of St. John) to give the individual patient concerned all necessary guidance and help about his journey from home to Davos. The Society organises all party-travel and has a Welfare Officer in Davos. The local health authority are given details of the movements of selected patients. During 1953 six patients were selected from the Administrative County area; four patients were accommodated in 1952.

**PROTECTION OF CHILDREN FROM TUBERCULOSIS.**—The following are recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against risk of infection by adults suffering from tuberculosis:—

(a) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children, unless the disease is certified as arrested. Any candidate for such employment, therefore, should not be engaged without a medical examination including an X-ray examination of the chest.

(b) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

(c) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should cease at once and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained; both certificates should be based on X-ray and bacteriological as well as clinical investigations. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year, and at six-monthly intervals for the next two years.

(d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken at once.



The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements:—

- Day nurseries—all staff including domestics.
- Health visitors.
- Staff of occupation centres.
- Orthopaedic nurses.
- Nurseries in accommodation provided under the National Assistance Act—all staff including domestics.
- Children's hostels (Children's Committee)—all staff including domestics.
- Residential nurseries (Children's Committee)—all staff including domestics.
- Registered factory nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.
- Registered child minders (Nurseries and Child Minders Regulation Act).
- Nursery school students entering day nurseries for training.
- Dental officers and dental attendants in school clinics.
- District nurses.
- Tuberculosis health visitors.
- All types of home helps who attend "sputum positive" tubercular patients.

In addition, midwives, children's attendants and entrants to the teaching profession are given initial X-ray examinations and are encouraged to take advantage of subsequent visits of mass radiography units.

**Illness Generally.**—Care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and must needs follow different lines.

**MENTAL ILLNESS AND DEFECTIVENESS.**—The prevention, care and after-care of mental illness and defectiveness is undertaken in accordance with the County Council's scheme for the provision of a Mental Health Service which is dealt with fully later in this report.

**OTHER TYPES OF ILLNESS.**—Arrangements have been made whereby, at the request of the hospital authorities, effective follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. Where considered warranted, arrangements can be made for patients to undergo social training (including training in residential establishments maintained by voluntary organisations) with a view to effecting a permanent cure and preventing a return to the kind of life which might cause a recurrence of the disease. In this connection the County Council pay the cost of maintenance and training to the voluntary organisation concerned.

General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting staff to carry out home visitations in such cases and call into action any of the other social services which may be considered of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

In appropriate cases, usually on the recommendation of the patient's own doctor, arrangements are made for convalescence in suitable convalescent homes of the recuperative holiday type. Where necessary, travelling expenses are paid.

Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick.

With the object of providing suitable voluntary help to district nurses, the County Council have also made arrangements to avail themselves of the "Nursing Aid Service" of the St. John Ambulance Brigade and the British Red Cross Society, in conjunction with the Queen's Institute of District Nursing.

These several arrangements are dealt with more fully below under their respective headings.

**CONVALESCENT HOME CARE.**—Arrangements for the convalescence of general cases have been made with some 30 convalescent homes in various parts of the country to accept cases from the Administrative County.

Applications for assistance come usually from general practitioners and home nursing staffs, and occasionally from hospital almoners. Since it is necessary to co-ordinate the applications with the limited number of beds available in the various convalescent homes, the arrangements for convalescence are made through the central office. In a few instances beds are booked for the "season"—usually from May to September.

In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1953 there were admitted to convalescent homes 543 individuals compared with 499 in 1952.

The following statements give particulars of the admissions during 1953:—

*Adults admitted to Convalescent Homes*

Name and address of home	Adults	
	Male	Female
Barrow War Memorial Convalescent Home .....	5	7
Binswood Red Cross Home, Didsbury, Manchester .....	9	36
Blackburn and District Convalescent Home, St. Annes .....	13	12
Convent of Our Lady of Lourdes, Boarbank Hall, Grange .....	4	7
Cotton Industries' Convalescent Home, Poulton-le-Fylde .....	1	1
Cromwell Lodge, Blackburn .....	3	2
Doxford Hall and Shoreston Hall, Northumberland .....	—	2
Evelyn Devonshire Convalescent Home, Buxton .....	14	24
Grey Court, Hest Bank .....	6	1
Heath Memorial Home, Llanfairfechan .....	46	—
Knowle Lodge, Bournemouth .....	—	1
Lear Home of Recovery, West Kirby .....	—	18
Llandudno Convalescent Home for Women .....	—	71
Manor House, Lytham St. Annes .....	22	13
Mental After-care Association Homes .....	—	3
Parkside, Arnside .....	4	14
St. Augustine's Home, Brinscall .....	—	6
Sydney House, Pensarn .....	—	1
Tan-y-Bryn, Abergele .....	4	2
West Hill Convalescent Home, Southport .....	38	55
<b>TOTAL .....</b>	<b>169</b>	<b>276</b>

*Children admitted to Convalescent Homes*

Name and address of home	Unaccompanied children under school age
Broomgrove Nursing Home, Wavertree, Liverpool .....	2
Hilbre Nursing Home, Prestatyn .....	3
Sefton Convalescent Home, Birkenhead .....	3
West Kirby Convalescent Home .....	1
<b>TOTAL .....</b>	<b>9</b>

*Mothers accompanied by children admitted to Convalescent Homes*

Name and address of home	Mothers accompanied by children			
	Mother with one child	Mother with two children	Mother with three children	Mother with four children
Brentwood Recuperative Centre, Marple .....	1	1	—	1
Church Army Home, Southport .....	6	9	7	—
Sydney House, Pensarn .....	5	—	—	—
Manor House, Lytham .....	1	—	—	—
<b>TOTAL .....</b>	<b>13</b>	<b>10</b>	<b>7</b>	<b>1</b>

The scheme for convalescent care has expanded steadily since 1949, as will be seen from the table below.

*Admissions to Convalescent Homes*

	1949	1950	1951	1952	1953
Adults .....	200	306	356	394	445
Unaccompanied children under school age .....	20	36	25	18	9
Mothers accompanied by children—					
Mothers .....	23	27	38	33	31
Children .....	27	36	61	54	58
<b>TOTAL .....</b>	<b>270</b>	<b>405</b>	<b>480</b>	<b>499</b>	<b>543</b>



The service fulfils a real need and many persons now have an opportunity for recuperation in a convalescent home which they would not otherwise have obtained. The cost of convalescence may be recovered from the applicant and the assessment is based on the same scale as is used in the home help service. The amount recovered never exceeds the actual cost of the convalescent home care and the charges for the maintenance of a child of pre-school age are two-thirds of the amount assessed for an adult.

**NIGHT AND EVENING HELPS.**—The County Council's arrangements for an evening visiting service and a night attendance service came into operation towards the end of 1952 and are outlined in the following paragraphs.

*Night attendance service.*—*Night helps.*—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and, if necessary, feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

At the end of the year 57 persons were on the panel of night helps and during the year 433 night attendances were paid to 52 cases.

*Evening attendance service.*—*Evening helps.*—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the old age pension and/or national assistance in the form of a grant or supplementary pension.

At the end of the year 49 persons were on the panel of evening helps and during the year 1,239 evening visits were paid to 34 cases.

**NURSING AID SERVICE.**—In 1951 the County Council decided to adopt the Nursing Aid Service of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing, the object being to provide suitable voluntary help to district nurses in cases of need arising through shortage of staff, or an epidemic of sickness. No payment can be made to members of the St. John Ambulance Brigade or the British Red Cross Society for their services but arrangements exist whereby they can receive payment in respect of travelling expenses and laundry.

It has not so far been found necessary to call in "Nursing aid".

**LOAN OF NURSING EQUIPMENT.**—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment to be provided are generally made by hospitals, general practitioners, or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by district nurses, midwives, chest clinics, school clinics and ambulance stations as determined by local needs and, in all, approximately 200 such stores have been set up. In addition, a central control exists which handles equipment of an expensive or specialised kind and therefore of limited use (for example, postural beds, special cots, walking frames, etc.). On account of the highly specialised treatment involved special arrangements have been made for the accommodation of patients suffering from paraplegia about to be discharged to their homes from hospital paraplegic units. The home nurse and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the home nurse.

**Prevention of Illness.—Health Education and Propaganda.**—The County Council have made arrangements for the dissemination of information to the public on health matters and action was taken during the year as follows:—

**POSTERS AND LEAFLETS.**—Posters, leaflets and other appropriate material were distributed to school clinics, child welfare centres, schools, factories and to other interested bodies.

**EXHIBITS.**—Exhibits on various health subjects were staged and in this connection a series of 10 exhibits on specially chosen topics were displayed continuously throughout the year in various districts in the Administrative County. The subjects of the exhibits, which were changed every two weeks, were:—

“Invisible Armour” (relating to immunisation)

“Food and Drink Infection”

“Care of the Teeth”

“Head Lice”

“Care of the Feet”

“Work of the Health Visitor”

“Breast Feeding”

“Pasteurisation of Milk”

“Cafe Quiz”

“Accidents in the Home”

**FILMS.**—The film continues to be a very useful medium for the presentation of health education subjects, and film shows at schools, school clinics, factories and at meetings of various other organisations were given on 242 occasions during the year.

A mobile daylight cinema unit was again used extensively in this work and in addition to the film shows mentioned above, films were shown by the daylight cinema unit at factories, agricultural shows, garden fetes, open markets, holiday resorts, etc. This unit was operated for a period of 25 weeks and 96 of the 109 County districts were visited. Eight hundred and forty shows were given to a total estimated audience of 112,140 people as shown below:—

	<i>No. of film shows</i>						<i>Attendance</i>
Factories	.....	.....	.....	.....	.....	96	10,560
Agricultural Shows	.....	.....	.....	.....	.....	185	43,220
Open spaces	.....	.....	.....	.....	.....	559	58,360
						<hr/> 840 <hr/>	<hr/> 112,140 <hr/>

**LECTURES.**—Specially qualified medical officers gave lectures on sex education to selected audiences at the request of youth clubs and parent teacher associations, and lectures on various other health education matters were given by experts in their subject.

**COURSES.**—In order to propagate health education amongst members of the public a number of courses were arranged in co-operation with the Central Council for Health Education. These courses on various subjects were attended by doctors and nurses, teachers, wardens of residential homes, housemothers, foster-parents, etc., and in addition a week-end residential school was attended by one medical officer and one health visitor from each of the 17 health divisions in the Administrative County area.

#### HOME HELP SERVICE

The development of the service continued steadily throughout the year. At the 31st December, 1953, 16 organisers and three assistant organisers were employed by the County Council.



The following table shows, by health divisions, the number of home helps employed on the 31st December, 1953, together with the number of cases for which home help was provided during 1953 and the corresponding totals for the Administrative County for each of the previous four years:—

Health Division No.	No. of home helps employed at 31st December, 1953			No. of cases for which a home help was provided during the year for—					
	Whole-time	Part-time		Confinements		Tuber- culosis	Chronic sick including aged and infirm	Others	Total
		On re- taining fee	Casual	At home	Away from home				
1	—	10	28	13	1	—	99	11	124
2	—	18	39	46	9	9	157	163	384
3	—	21	19	62	26	1	117	73	279
4	—	32	48	88	19	5	265	91	468
5	—	21	85	27	11	2	223	138	401
6	1	30	14	70	10	4	223	41	348
7	1	56	69	173	43	45	453	269	983
8	—	18	66	39	8	—	198	42	287
9	—	98	41	113	33	37	340	268	791
10	—	16	78	34	3	4	219	45	305
11	—	68	65	44	17	8	464	200	733
12	—	28	56	47	44	7	392	37	527
13	1	20	19	33	11	2	239	20	305
14	—	23	8	49	13	7	153	102	324
15	—	35	27	65	1	4	198	98	366
16	2	16	14	24	17	—	74	84	199
17	—	27	23	40	7	1	265	44	357
Total—Administra- tive County— 1953	5	537	699	967	273	136	4,079	1,726	7,181
1952	5	493	494	941	225	103	4,437		5,706
1951	6	511	346	1,092	318	105	4,195		5,710
1950	15	278	565	1,468	347	4,072			5,887
1949	19	298	406	1,303	279	2,780			4,362

In order to deal with the rising number of applications many divisions found it necessary to increase their staff and, since the number of hours worked by casual helps has increased, arrangements have been made for general increases in the establishment of "retained" helps. Staff recruitment is again satisfactory except in East Lancashire areas where, however, it is sometimes difficult to obtain any kind of domestic staff.

In all districts of the County the increased demands for services come mainly from aged and infirm persons, many of them living alone and under difficult circumstances. There is no doubt that these calls will continue to increase and, if the pressure on hospital accommodation is to be relieved, the home nursing and home help services will have to provide sufficient assistance to enable aged infirm persons to continue to live in their own homes. This type of case needs regular home help but not intensive help; two or three half-days each week may be enough to keep the home in order. However, the requirements of such cases may extend over a long period with a tendency for the need for help to increase.

Under section 29(2) of the National Health Service Act, 1946, a local health authority may, with the approval of the Ministry of Health, recover from persons availing themselves of the home help service such charges, if any, as the authority consider reasonable having regard to the means of these persons. For these charges the County Council have adopted a scale of allowances, comparable with that used in connection with the National Assistance Board's grants, in order to assess the net income from which recovery could be made. The charge made to the applicant, calculated according to the scale, does not in any case exceed the actual cost of the service. The charges are reduced after the third week of service and again after the thirteenth week.

In August, 1952, the scale was amended to overcome difficulties encountered in assessing patients' capital holdings and to take some account of the income of other persons living in the house who benefit from the service.

### MENTAL HEALTH

**Administration.**—The following duties relating to mental health were assigned to the County Council, as the local health authority, under the provisions of the National Health Service Act, 1946:—

(a) The powers and, to the extent the Minister of Health directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness.

(b) The ascertainment and (where necessary) the removal to institutions of mental defectives, and the supervision, guardianship, training and occupation of those in the community.

The proposals of the County Council for the provision of a mental health service for the Administrative County, which were duly approved by the Minister of Health on the 6th April, 1948, were reproduced in the Annual Report for 1947.

In order to carry out their duties in regard to mental health, the Health Committee, to whom were referred all matters relating to the discharge of the functions of the local health authority, set up a Mental Health Sub-Committee which at the end of 1953 consisted of 19 members of the County Council, together with representatives of the Lancashire Branch of the Urban District Councils Association, the Lancashire Executive Council and the Lancashire Branch of the Rural District Councils Association. This Sub-Committee meets as is found necessary and four meetings were held during the year.

As from the 1st April, 1949, the Health Committee decided that the day-to-day administration of the functions of the County Council under the National Health Service Act, 1946, relating to mental health should, in accordance with the County Council's Divisional Health Administration Scheme, be delegated as far as practicable to the 17 Divisional Health Committees, the constitution of which is referred to on page 26. The Divisional Health Committees meet at regular monthly intervals.

**STAFF EMPLOYED.**—The County Medical Officer of Health is responsible for the organisation and control of the mental health service whilst the Divisional Medical Officer and the Assistant Medical Officers in each health division are responsible for the work in the field. In particular, it is their duty to secure the ascertainment of mental defectives within the division and to see that appropriate action is taken in cases of mental illness. All the Medical Officers are approved for the purpose of giving certificates under sections 3 and 5 of the Mental Deficiency Act, 1913, and the majority are also approved under Regulation 11 of the School Health Service and Handicapped Pupils Regulations, 1953.

Wherever possible, arrangements have been made for the consultant psychiatrists of the Regional Hospital Boards to act as advisers and consultants in the divisional areas. This brings the Council's mental health staff into close touch with the mental hospitals, a practice which has many advantages for it facilitates a close association amongst the divisional medical officers, duly authorised officers and other mental health workers and the psychiatrists. Case histories are supplied by the divisional staff and there is also opportunity for direct consultation with the psychiatrist before a patient is admitted to hospital. Such consultation also assists in solving the problem of securing accommodation for the most urgent cases.

At the end of 1953 27 duly authorised officers (male) and 13 female mental health workers were allocated to the health divisions. Of the duly authorised officers, 12 were former relieving officers and the majority of the remainder were former public assistance officials who had knowledge of the procedure for dealing with cases under the Lunacy and Mental Treatment Acts.

The majority of the female mental health workers had experience of field work in the mental health service prior to the 5th July, 1948. In 1951 the authorised establishment of female mental health workers was increased from 9 to 17 (one from each health division). Appointments have been made in 15 divisions, two taking up duty during the year, and two will commence duty early in 1954.

Staff engaged at the 10 occupation centres in the Administrative County area were as follows:—

Supervisors .....	10
Assistant supervisors .....	14
Meals assistants (part-time) .....	6
Guides (part-time) .....	3

Of the supervisors and assistant supervisors, five were qualified and the majority of the remainder have had long practical experience in the work.

**CO-ORDINATION WITH HOSPITAL AUTHORITIES.**—As has already been mentioned on page 26 of this report, the Hospital Management Committees have representation on the appropriate Divisional Health Committees. Reference has also been made above to the importance attached to the liaison between the County Council's technical staff and the consultant psychiatrists of the Regional Hospital Boards.

On behalf of the Hospital Management Committees, the local health authority undertake the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives. In addition, case histories of newly admitted patients to mental hospitals and reports on (a) the home conditions of patients under consideration for licence on trial or discharge from hospitals and institutions and (b) the home conditions of patients in institutions whose cases were due for consideration under section 11 of the Mental Deficiency Act, 1913, have been obtained on request. The number of visits paid in these cases during 1953 totalled 2,981, as follows:—

<i>Mental illness—</i>	<i>No. of visits</i>
Case histories .....	799
Reports on home conditions for licence on trial or discharge.....	123
<i>Mental deficiency—</i>	
Progress reports on cases on licence .....	804
Reports on home conditions for—	
(a) licence or discharge .....	595
(b) the purpose of section 11 of the Mental Deficiency Act, 1913.....	660
	<hr/>
	2,981
	<hr/>



Comparative totals for each of the preceding four years are as under:—

Year	No. of visits
1952	2,743
1951	2,669
1950	2,605
1949	2,749

**DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.**—The local health authority have not delegated to voluntary associations any of their duties under the Lunacy, Mental Treatment and Mental Deficiency Acts, but contact is maintained with the National Association for Mental Health and a grant is made to this Association.

**TRAINING OF MENTAL HEALTH WORKERS.**—Three assistant supervisors attended a refresher course for occupation centre staffs held in Birmingham from the 23rd to the 31st July, 1953.

**Work Undertaken in the Community.**—UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.—*Prevention, care and after-care (persons suffering from mental illness or mental defectiveness).*—Psychiatric out-patient clinics have been attended by duly authorised officers and female mental health workers as required. The attendances of these officers at clinics during 1953 and each of the previous four years are given below:—

Year	Attendances
1953	178
1952	119
1951	166
1950	111
1949	110

Care and after-care home visits during 1953 totalled 6,192, as follows:—

	No. of visits
In respect of patients attending out-patient clinics	609
In respect of persons under observation, requiring advice, etc.	2,877
In respect of patients discharged from mental hospitals, including ex-service personnel	2,597
In respect of patients discharged from mental deficiency institutions or guardianship	109
	<u>6,192</u>

The total number of care and after-care home visits during each of the previous four years is shown below:—

Year	No. of visits
1952	5,189
1951	5,066
1950	4,543
1949	1,804

In November, 1952, the Minister of Health approved an amendment to the County Council's approved proposals under section 28 of the National Health Service Act, 1946, which now provide for the County Council to obtain suitable temporary accommodation, for periods of not exceeding two months except in special cases, for defectives who, for a limited period and for urgent reasons, cannot be cared for satisfactorily in their own homes, and to pay the expenses of defectives received in such circumstances where appropriate. Arrangements have been made for County children up to the age of twelve years to be accommodated at the short-stay home "Orchard Dene", View Road, Rainhill, which is run by the National Association for Mental Health. During 1953 arrangements were made for 55 County children to be accommodated at this Home for periods varying from one to 12 weeks.

**UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930, BY DULY AUTHORISED OFFICERS.**—A summary of the work undertaken by these officers under the above Acts during 1953 is given in Table 19 on page 167. For the purposes of comparison the corresponding figures for each of the four preceding years are also shown.

**UNDER THE MENTAL DEFICIENCY ACTS, 1913 TO 1938.**—*Ascertainment.*—The total number of cases reported to be mentally defective during 1953 was 269 (160 males and 109 females). Of this number 189 (113 males and 76 females) were reported under section 57 of the Education Act, 1944. The corresponding totals for the four preceding years were as follows:—

Year	Total number reported	No. reported under section 57 of the Education Act, 1944
1952	262	169
1951	267	167
1950	221	115
1949	259	155

The 269 cases reported during 1953 were disposed of as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Placed under statutory supervision .....	106	78	184
Placed under voluntary supervision .....	7	7	14
Admitted to institutions .....	11	11	22
In a place of safety under section 15 of the 1913 Act .....	2	—	2
Action not yet taken .....	34	13	47
	<u>160</u>	<u>109</u>	<u>269</u>

The following statement shows the number of cases awaiting institutional care at the end of 1953 and at the end of each of the previous four years:—

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1953 .....	129	100	229
1952 .....	124	103	227
1951 .....	95	93	188
1950 .....	63	82	145
1949 .....	61	71	132

The total number of cases on the Register of Defectives in the Community at the end of 1953, excluding those on licence from institutions and discharged from institutions or guardianship, was 1,566, as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases "subject to be dealt with":—			
Under guardianship .....	13	15	28
Under statutory supervision .....	668	641	1,309
In a place of safety .....	16	17	33
Action not yet taken .....	9	9	18
Cases "not subject to be dealt with":—			
Under voluntary supervision .....	78	100	178
	<u>784</u>	<u>782</u>	<u>1,566</u>

The following are the corresponding totals at the end of each of the four years prior to 1953:—

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1952 .....	759	749	1,508
1951 .....	760	736	1,496
1950 .....	690	673	1,363
1949 .....	620	641	1,261

Admissions to institutions during 1953 and during each of the previous four years are set out below:—

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1953 .....	31	47	78
1952 .....	47	46	93
1951 .....	32	46	78
1950 .....	49	27	76
1949 .....	34	17	51

Of the number admitted to institutions during 1953, three were committed from the Courts and six were transferred from Home Office Approved Schools.

The total numbers of cases in institutions at the end of 1953 and at the end of each of the previous four years are given below:—

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1953 .....	836	635	1,471
1952 .....	824	613	1,437
1951 .....	793	578	1,371
1950 .....	776	544	1,320
1949 .....	736	517	1,253

*Guardianship and Supervision.*—Since the 1st January, 1949, the number of cases under guardianship has decreased from 46 to 28. Maintenance grants, ranging from 26s. 6d. to 49s. per week were being made in 23 of the 28 cases under guardianship at the end of the year.



Particulars of home visits paid during 1953 by duly authorised officers and female mental health workers to cases in the community, excluding those on licence from institutions and those discharged from institutions or guardianship, are set out in the statement below together with those for each year, 1949-52:—

	<i>No. of visits</i>				
	1949	1950	1951	1952	1953
Cases "subject to be dealt with":—					
Under guardianship .....	342	301	253	216	227
Under statutory supervision .....	3,715	4,207	4,762	5,293	6,268
Cases "not subject to be dealt with":—					
Under voluntary supervision or in which contact is maintained .....	1,278	867	862	798	727
	<u>5,335</u>	<u>5,375</u>	<u>5,877</u>	<u>6,307</u>	<u>7,222</u>

*Training.*—Four occupation centres set up by the former local authority under the Mental Deficiency Acts in the County area were taken over by the local health authority on the 5th July, 1948. By the end of 1953, six additional centres were operating in the County area, one being opened during 1953, and negotiations had been completed for the leasing of premises for two additional centres.

Details of attendances, etc., at the 10 County occupation centres during the year 1953 are given below:—

Health Division No.	Location of centre	No. of days open	Total attendances	Average daily attendance	No. on register at 31.12.53
2	Lancaster	194	3,144	16.2	17
7	Crosby	203	7,412	36.5	†49
9	Huyton	193	9,859	51.1	60
12	*Ramsbottom	197	5,272	26.8	32
12	*Whitefield	183	3,862	21.1	25
14	*Chadderton	194	3,055	15.7	19
14	*Middleton	191	3,843	20.1	29
15	*Swinton	181	4,777	26.4	36
16	Stretford	182	3,748	20.6	29
17	*Ashton-u-Lyne	85	2,021	23.8	28

\* Opened by County Council since 5th July, 1948.

† Includes 12 cases from the County Borough of Bootle.

In addition to the occupation centre facilities provided by the County Council, arrangements have been made for County cases to attend County Borough centres in Blackburn, Blackpool, Burnley, Manchester, Preston, Rochdale, St. Helens, Salford, Warrington and Wigan. The total number of County cases attending these centres at the end of 1953 was 108 (53 males and 55 females).

The number of cases from the Administrative County area attending occupation centres provided and administered (i) by the County Council and (ii) by County Borough Councils at the end of 1953 and at the end of each of the previous four years are set out below:—

Year	County Council Centres	County Borough Centres	Total
1953	312	108	420
1952	248	115	363
1951	204	95	299
1950	171	81	252
1949	92	81	173

### OTHER SERVICES

**Medical Examinations carried out by Divisional Medical Staff.**—The medical staff employed in the health divisions have the responsibility of carrying out medical examinations for a variety of County Council purposes. Chief among these are examinations to determine the fitness of employees to enter the County Council's Superannuation and Sickness Pay Schemes and the examination of children in the care of the Children's Committee. In addition, Divisional Medical Officers holding appointments as Medical Officers of Health of County districts within their divisions may also arrange the medical examination for superannuation purposes of employees of the Councils of those County districts.

The total number of medical examinations carried out for the above and other purposes is large and continues to increase. In consequence the time spent by medical officers in this work is considerable. An indication of the extent of the work during 1953 is given in the following table which shows the major groups of examinations undertaken.

Health Division No.	Type of medical examination									Total examinations
	Employees— for fitness to enter County Council's superannuation scheme	Employees— for fitness to enter other authority superannuation schemes	Employees— for fitness to enter County Council's sickness pay scheme	County Council employees— for fitness to return to duty	Children in the care of the Children's Committee	Under Mental Deficiency and Lunacy Acts	Children— for employ- ment out of school hours	For entry to Teachers' Training Colleges	Others	
1	64	10	59	13	326	2	—	18	3	495
2	89	50	202	4	272	23	42	44	—	726
3	86	6	93	8	186	12	194	77	—	662
4	131	5	336	17	451	22	1	66	88	1,117
5	81	87	95	55	244	20	57	36	16	691
6	53	45	128	4	93	18	118	49	—	508
7	95	81	177	21	210	32	3	86	156	861
8	47	16	114	1	70	6	—	59	—	313
9	130	89	248	2	331	31	122	92	15	1,060
10	31	18	46	2	97	13	42	14	113	376
11	87	—	256	—	602	4	179	57	—	1,185
12	61	174	194	4	164	—	179	57	—	833
13	39	33	116	—	55	36	158	38	111	586
14	77	35	110	2	63	11	235	64	251	848
15	48	58	174	1	115	20	210	37	—	663
16	54	38	155	—	22	6	155	36	28	494
17	120	57	125	4	96	15	268	67	—	752
Administra- tive County	1,293	802	2,628	138	3,397	271	1,963	897	781	12,170

The extent of the increase of this class of work is indicated by the corresponding totals for the previous three years given below:—

Year	Total number of examinations
1950	6,987
1951	8,052
1952	10,529

**Nursing Homes.**—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936.

At the end of 1953 there were 44 registered nursing homes in the County area, all of which were re-inspected periodically by the divisional medical staffs.

The 44 nursing homes were situated in the following districts:—

*Health Division No. 1—*

Grange U.D.	2
Ulverston U.D.	1
Ulverston R.D.	1

*Health Division No. 2—*

Carnforth U.D.	2
Lancaster M.B.	1
Lunesdale R.D.	1

*Health Division No. 3—*

Fleetwood M.B.	3
Lytham St. Annes M.B.	8
Poulton-le-Fylde U.D.	2
Thornton Cleveleys U.D.	3

*Health Division No. 4—*

Fulwood U.D.	1
Chorley M.B.	1

*Health Division No. 5—*

Blackburn R.D.	1
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*Health Division No. 6—*

Burnley R.D.	1
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*Health Division No. 7—*

Crosby M.B.	4
Formby U.D.	3

*Health Division No. 8—*

Orrell U.D.	1
Wigan R.D.	1

*Health Division No. 9—*

Huyton-with-Roby U.D.	1
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*Health Division No. 10—*

Golborne U.D.	1
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*Health Division No. 12—*

Prestwich M.B.	1
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*Health Division No. 15—*

Eccles M.B.	1
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*Health Division No. 16—*

Urmston U.D.	1
Stretford M.B.	1

*Health Division No. 17—*

Denton U.D.	1
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The following is a summary of the action taken with regard to the registration of nursing homes during 1953:—

Applications for registration under consideration at 31st December, 1952	.....	1
Applications for registration received	.....	4
Certificates of registration issued	.....	3
Applications withdrawn	.....	—
Applications refused	.....	—
Applications under consideration at 31st December, 1953	.....	2
Certificates of registration cancelled	.....	5
Re-inspections carried out	.....	77

Particulars of the cases admitted to and treated in the nursing homes during 1953 are given in the following statement:—

(a) Maternity cases—

(i) No. admitted	.....	980
(ii) No. of confinements	.....	975
(iii) No. of live births	.....	965
(iv) No. of stillbirths	.....	15
(v) No. of miscarriages	.....	6
(vi) No. of deaths—mother	.....	—
child	.....	13
(vii) No. of confinements at which gas/air analgesia used	.....	594

(b) Medical cases—

(i) No. admitted	.....	885
(ii) No. of deaths	.....	195

(c) Surgical cases—

(i) No. admitted	.....	472
(ii) No. of operations performed	.....	435
(iii) No. of deaths	.....	15

**Agencies for the Supply of Nurses.**—Part 2 of the Nurses Act, 1943, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him so to do on those premises. The County Council are the licensing authority in the Administrative County for this part of the Act.

At the end of 1953 two agencies had been licensed, one in Formby U.D. and one in Lytham St. Annes M.B.

**Compulsory Removal of Persons in need of Care and Attention.**—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

It is apparent from the reports of medical officers of health that the powers conferred are used very sparingly and only as a last resort after sympathetic persuasion has failed to encourage the person in question to accept care and accommodation voluntarily. Action under section 47 was found necessary, however, in 13 County districts, 16 persons—six males and 10 females—being compulsorily removed. Nine were transferred to accommodation provided under Part III of the Act and seven were removed direct to hospital for treatment.

## WELFARE SERVICES

### THE NATIONAL ASSISTANCE ACT, 1948

Section 21(1) of the above Act provides that it shall be the duty of every local authority, subject to and in accordance with the provisions of Part III of the Act, to provide—

(a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them;

(b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.

Section 21(2) provides that in the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different descriptions of such persons as are mentioned in sub-section (1).

These functions of the County Council are carried out in accordance with a scheme made by the County Council and approved by the Minister of Health.

**Accommodation provided.**—Accommodation is provided in premises managed by the County Council, other local authorities and voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with accommodation during 1953:—

	<i>Males</i>	<i>Females</i>	<i>Children</i>
Hostels managed by County Council .....	344	416	—
Hostels managed by other local authorities .....	12	50	—
Former public assistance institutions managed by the County Council .....	871	834	492
Former public assistance institutions, etc., managed by other local authorities .....	422	442	41
Establishments managed by voluntary organisations—			
Homes for the Blind.....	29	74	—
Other than Homes for the Blind .....	79	241	—
<b>TOTALS</b> .....	<u>1,757</u>	<u>2,057</u>	<u>533</u>

Of this total of 4,347 County residents, 1,812 (593 males, 742 females and 477 children) were discharged during the year and 59 males and 78 females died, leaving 2,398 (1,105 males, 1,237 females and 56 children) still in residence at the 31st December, 1953. The comparable numbers of persons in residence at the 31st December of each of the five preceding years were as follows:—

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>
1952 .....	1,069	1,148	102	2,319
1951 .....	1,038	1,059	67	2,164
1950 .....	973	938	130	2,041
1949 .....	921	894	145	1,960
1948 .....	843	773	133	1,749

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities with whom “user” agreements existed prior to the 5th July, 1948. There were 245 (102 males, 128 females and 15 children) such cases still in residence at the 31st December, 1953, as compared with 297 at 31st December, 1952, 318 at the end of 1951, 290 at the end of 1950 and 293 at the end of 1949.

A more detailed statement of the numbers of persons provided with residential and temporary accommodation in the various establishments during the year 1953 is set out in Tables 20 to 26 on pages 168 to 174. It might be noted that, whilst an accommodation capacity for each sex is given in the tables for those properties managed by the County Council, some of the accommodation is in fact adaptable for occupation by either sex according to demand.



The accommodation managed by the County Council is provided either in hostels or in parts of former County public assistance institutions and the following is a list of such premises in use during the year:—

## HOSTELS

<i>Health Division No.</i>	<i>Hostel</i>	<i>Accommodation at 31.12.53</i>	<i>Date of opening of new hostel during year</i>
2	"The Empress", Marine Road East, Morecambe.....	40	—
3	"Norcross", Norcross Lane, Carleton, Thornton Cleveleys.....	24	—
	"The Woodlands", St. Andrew's Road South, St. Annes-on-Sea .....	24	—
4	*"The Beeches", Garstang .....	44	—
	Withnell Fold, Withnell, near Chorley .....	40	26th January, 1953
5	"Hill Top", Manchester Road, Accrington .....	16	—
	"Glendene", Knowsley Road, Clayton-le-Dale, Wilpshire .....	16	—
6	"Stanley Villas", 63 Albert Road, Colne .....	14	—
	"Marles Hill", Wheatley Lane, Barrowford .....	†12	—
7	"Marbenthe", Marine Terrace, Waterloo .....	21	—
	"Sefton House", Junction Lane, Burscough .....	29	—
8	"The Limes", Chorley Road, Standish .....	24	—
	"Burtholme", Chorley Road, Worthington .....	19	—
	"Thorley House", Atherton Road, Hindley .....	39	6th November, 1953
9	"High Carrs", Broadgreen Road, Huyton-with- Roby .....	29	14th March, 1953
12	"Hazelhurst", Bolton Road West, Ramsbottom.....	18	—
	"Redcliffe", Hilton Lane, Prestwich .....	32	—
13	"Oaklands", Rochdale Road, Milnrow .....	13	—
	"Olive House", New Line, Bacup .....	15	—
	"Brooklyn", Rochdale Road East, Heywood .....	17	—
14	"Claremont", 78 Windsor Road, Oldham .....	20	—
	"Schofield House", Whalley Road, Middleton .....	39	7th July, 1953
	"The Coppice", Windsor Road, Oldham .....	22	29th September, 1953
16	"Grangethorpe", 98 and 100 Talbot Road, Stretford .....	25	—
17	"Holme Lea", Stalybridge .....	19	—

\* Shown in previous reports under Former County Public Assistance Institutions.

† To be extended.

## FORMER COUNTY PUBLIC ASSISTANCE INSTITUTIONS

<i>Health Division No.</i>	<i>Premises</i>	<i>Health Division No.</i>	<i>Premises</i>
1	27 Stanley Street, Ulverston	9	"Delphside", 1 Warrington Road, Whiston.
2	"Bay View House", 2 Quernmore Road, Lancaster	11	"Atherleigh Grange", Leigh Road, Leigh
3	"The Highlands", Wesham, Kirkham	12	"Valley View", Haslingden Road, Rawtenstall
4	"Moorlands", 152 Eaves Lane, Chorley	12	380 Rochdale Old Road, Bury
5	"Penmoor", Chatburn Road, Clitheroe	15	"Bridgewater House", Patricroft, Eccles
7	74 Wigan Road, Ormskirk	17	"Lakeside", Ashton-under-Lyne

There was a general shortage of accommodation throughout the year and difficulty was often experienced in finding suitable vacancies. The gradual reduction in the number of places available at the County Council's allocated accommodation which has occurred as a result of adaptations, improved standards of accommodation and the installation of additional furniture, was a major factor in bringing this about, the number of new places coming into use at hostels not being sufficient to offset this reduction and to meet growing demand.

This difficulty will be increased in the next few years as a result of requests by the undermentioned County Borough Councils for the County Council to remove their cases from the County Borough allocated accommodation where they have been maintained under user arrangements:—

<i>Authority</i>	<i>Accommodation</i>	<i>Number of cases at 31.12.53</i>
Liverpool C.B.C. ....	All premises .....	19
Wigan C.B.C. ....	Social Welfare Home, Frog Lane .....	17
Oldham C.B.C. ....	Boundary Park Hospital Annexe .....	51
Bolton C.B.C. ....	Townley's Hospital Annexe .....	29
Rochdale C.B.C. ....	South View, Birch Hill, Rochdale .....	33
		<hr/> 149 <hr/>

**Further Accommodation.**—The work of extension and adaptation at Marles Hill, Barrowford, proceeded and was well advanced at the end of the year. Approval was received to the appropriation of Northlands, Great Harwood, formerly used as a day nursery, for use as a hostel for aged persons and to a scheme of adaptations and extension. When this scheme has been carried out the premises will accommodate 40 old people of mixed sexes.

The following premises in Health Division No. 2 have been acquired for use as hostels for aged persons. Adaptations and extension will be necessary at both places and the premises will be brought into use as soon as these are completed.

<i>Premises</i>	<i>Probable accommodation</i>
Fair Elms, Westbourne Road, Lancaster .....	25
The Laurels, Westbourne Road, Lancaster .....	28

In addition, negotiations were well advanced at the end of the year for the acquisition of two further properties in this division, namely The Hermitage Private Hotel, Caton, and Moor Platt, Caton.

**BUILDING OF NEW HOSTELS.**—The new 39 place hostels at Middleton and Hindley were completed in May and September respectively and residents installed. In May a start was made with the building of a new 50 place hostel at Leigh. In October the Ministry of Health indicated that approval would be given to the building of three, and possibly four, 50 place hostels in the 1954 building programme. It was decided that to meet pressing needs the order of priority for the building of these hostels should be:—

Health Division No. 9 .....	St. John's Road, Huyton
Health Division No. 14 .....	On a site to be acquired
Health Division No. 15 .....	Preston Avenue, Eccles
Health Division No. 10 .....	Derby Road, Golborne.

**Adaptation of Premises.**—Progress continued to be made in implementing the County Council's policy of improving the accommodation allocated to them at former Public Assistance Institutions. Adjustments were made in the accommodation allocated to the County Council at Moorlands, Eaves Lane, Chorley, to provide a more compact unit for the non-sick residents there. A scheme of adaptations has been prepared for this accommodation and awaits agreement with the Regional Hospital Board concerning necessary work to the engineering and heating services. In September the work of adaptation was commenced at 74 Wigan Road, Ormskirk, and to the female accommodation at Atherleigh Grange, Leigh. The latter scheme necessitated the transfer of the female residents whilst the work was in progress. Accommodation was found for some of them at Moorlands, Eaves Lane, Chorley, and others were transferred to South View, Birch Hill, Rochdale.

The adaptations at the George Hospital Block at Lakeside, Ashton-under-Lyne, were completed and near the end of the year work commenced at the George Infirm Block.

**Voluntary Organisations.**—At the 31st December, 1952, financial responsibility had been accepted on behalf of the County Council in respect of 311 persons in homes or hostels managed by various voluntary organisations, some of which provide care and attention appropriate to the special need and handicaps of the individual. During the year responsibility was accepted for a further 112 residents, but 59 persons were discharged and 22 died, leaving a total of 342 at the 31st December, 1953. Details of these figures will be found in Tables 25 and 26 on pages 173 to 174.

The comparable numbers for previous years were as follows:—

31st December, 1951 .....	228
31st December, 1950 .....	227
31st December, 1949 .....	178
31st December, 1948 .....	105

Good work for aged and infirm persons in their own homes continued to be done by voluntary organisations. A grant of £500 to the Old People's Welfare Committee of the Community Council of Lancashire was again made. This Committee and the County Old People's Welfare Organiser employed by them were successful in assisting in the setting up and organising of additional old people's voluntary committees and at the end of the year there were 58 of these local committees in being.

A grant of £200 was again made to the Huyton Branch of the Liverpool Personal Service Society.



**Care of Aged Persons in their own Homes.**—A special sub-committee appointed to consider the care of aged persons in their own homes and to make recommendations as to future policy held three meetings during the year. An outline of the considerations involved and of the recommendations of the sub-committee is given in the following paragraphs.

The essential problems faced by the aged, many of whom may be partially or wholly confined to their homes, are those of losing touch with friends and the various activities taking place around them and of increasing difficulty in performing satisfactorily the household chores. Whilst neighbourly help may often be available it cannot be assumed for all cases.

Regular visiting of old people who are living alone or are confined to their homes and the provision of clubs for those sufficiently active to attend them are means which can be relied upon to help to maintain interest in life and combat loneliness. On the material side the domestic help and home nursing services provided by the local health authority can do much to ease the burden of housework and illness. Other services which the authority have no power to provide but which can be provided by voluntary organisations can do much to alleviate the lot of the aged and infirm in their own homes: examples are mobile physiotherapy and chiropody services and the provision of cooked meals. In this connection, however, it is most important that the old persons concerned should be made fully aware of the services which they can call upon.

The provision of houses of a type suitable for occupation by the aged is a matter for the County district councils and many have provided specially designed bungalows and flats where such persons can continue to live as part of the community.

**EXISTING FACILITIES.**—The County Council health services, particularly the domestic help and home nursing services, are used to a considerable extent and it is felt that a more active policy of assisting the aged in their own homes would reveal a still greater need for them.

In five areas of the County the W.V.S. provide a "meals on wheels" service for the aged on two or three days each week, usually supplying a mid-day meal only at a small charge.

At the time of the sub-committee's report (May, 1953) there were 51 local voluntary Old People's Welfare Committees operating in the Administrative County and of these 48 provided visiting services to the aged. The visiting is undertaken almost entirely by voluntary workers, and to facilitate matters registers of old people have been set up in many cases. A number of old people's clubs are also operated.

The majority of these committees are affiliated to the County Old People's Welfare Committee whose organiser's main function is to encourage the establishment of further local old people's welfare committees and to advise existing ones.

**FUTURE POLICY.**—The sub-committee considered that there should be pursued an active policy of encouraging and assisting old people with a view to enabling them to live in their own homes for as long as possible. It was felt that this would not only contribute to their own independence and happiness but also serve to reduce the demands on hostel accommodation provided by the County Council.

Such a policy would no doubt involve some expansion of the existing services, particularly of home help and home nursing, and would necessitate improved liaison with the various voluntary organisations. The basic organisation to put it into practice was already in existence—viz., the Divisional Health Committee with their qualified staff already experienced in such work.

Since the degree of expansion of the various services was problematical it was recommended that any new developments should be undertaken in the first place as an experiment in two or three health divisions. At the end of the year under report a scheme to be operated in this manner was under consideration.

**Temporary Accommodation.**—The duty placed upon the County Council to provide temporary accommodation is designed primarily to meet the needs of persons who are in urgent need thereof as a result of such occurrences as fire, flood or eviction, but other circumstances sometimes occur which render the provision of temporary accommodation necessary. There was no major incident during the year which made the provision of temporary accommodation necessary as the result of fire or flood.

During the latter part of the year and for the first time since 1948, the numbers of evicted and homeless persons requiring temporary accommodation showed a tendency to fall. Notwithstanding the fall in numbers it continued to be a matter of some difficulty to find suitable accommodation for homeless persons of this description.

During the year a special sub-committee consisting of representatives of the Children's Committee and the Health Committee, which was appointed to consider this matter, met representatives of the three County District Councils Associations and discussed ways in which the County Council and the County District Councils might operate in reducing this problem and in dealing with such cases as arise.

**Temporary Protection of Property.**—Where a person is admitted to any hospital, or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any place under an order made under section 47 of the Act (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions) and it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property, and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This duty is imposed by section 48 of the National Assistance Act, 1948, but the Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for Hospital Management Committees to co-operate by notifying Divisional Medical Officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made and since the Act came into force on the 5th July, 1948, there has been a progressive increase in the volume of work falling to be carried out under the provisions of this particular section of the Act.

WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister. The arrangements made by the County Council for promoting the welfare of blind or partially sighted persons are carried into effect in accordance with a scheme approved by the Minister of Health.

**Blind Persons.**—During the year under report, the main effort of the County Council continued to be directed towards the registration of blind persons and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special workshops for the blind or at home, arrangements for the marketing of their produce, the provision of hostel accommodation for certain blind persons, and the promotion of the general social welfare of all registered blind persons.

**REGISTRATION OF BLINDNESS.**—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology, and the medical portion of the form which is completed is identical with form B.D.8 referred to in the Ministry of Health Circular 1353, dated 5th October, 1933.

During the year 1953, 985 examinations or re-examinations were arranged with the following results:—

	No.	Percentage of total number examined
Persons certified as blind .....	593	60·2
Persons certified as <i>not</i> blind .....	392	39·8

At the end of 1953 there were 4,236 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the corresponding figures for the preceding year are also given:—

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1952 .....	28	77	48	343	898	2,803	4,197
1953 .....	27	79	45	319	882	2,884	4,236

**WORKSHOP EMPLOYMENT.**—During the year 1953 the following 15 workshops for the blind employed a total of 174 blind persons under arrangements with the County Council:—

<i>Controlling Body</i>	<i>Address of Workshops for the Blind</i>
Accrington and District Institution for the Blind.	32 Bank Street, Accrington.
Blackburn County Borough Council.	Thornber Street, Havelock, Blackburn.
Blackpool and Fylde Society for the Blind.	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council.	Marsden Road, Bolton.
Burnley County Borough Council.	Brunswick Street, Todmorden Road, Burnley.
Fulwood (Preston) Institute for Blind Welfare.	Lytham Road, Fulwood, Near Preston.



<i>Controlling Body</i>	<i>Address of Workshops for the Blind</i>
Liverpool Cornwallis Street Workshops for the Blind.	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Asylum	Brunswick Road, Liverpool.
Liverpool Hardman Street Workshops for the Blind.	Hardman Street, Liverpool.
Manchester Henshaw's Institution for the Blind.	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind.	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries.	Werneth, Oldham.
St. Helens and District Workshops for the Blind.	Boundary Road, St. Helens.
Warrington, Widnes and District Workshops for the Blind.	4 Museum Street, Warrington.
Wigan, Leigh and District Workshops for the Blind.	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below:—

Occupation	Men	Women	Total
Brush maker .....	39	4	43
Machine knitter .....	—	42	42
Basket maker .....	39	1	40
Skip maker .....	16	—	16
Mat maker .....	17	—	17
Boot and shoe repairer .....	8	—	8
Chair caner .....	2	2	4
Mattress maker .....	1	1	2
Furniture maker .....	2	—	2
TOTAL .....	124	50	174

*Remuneration.*—Money payments were made to the blind persons employed in workshops on such basis as the Council decided in consultation with the authorities or the registered Voluntary Organisations managing the workshops and at the majority of the workshops for the blind the blind workers were paid a minimum wage in accordance with Group II of the Scheme of the National Joint Industrial Council for Manual Workers.

All the blind persons employed at workshops for the blind were registered under the Disabled Persons (Employment) Act, 1944, and were approved as blind workers by the Ministry of Labour and National Service.

*HOME EMPLOYMENT.*—The County Council continued to carry out the existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the Council, to carry out such work in their homes, occupational centres or elsewhere, i.e., other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff or by arrangements with the registered Voluntary Organisations. In this scheme, blind persons in this class are referred to as home workers. A blind person is not admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may from time to time approve.

The following Agencies for the Blind supervised on behalf of the County Council the blind persons included in home workers' schemes:—

Accrington and District Institution for the Blind.  
 Barrow, Furness and Westmorland Society for the Blind.  
 Bolton Workshops for the Blind.  
 Burnley and District Society for the Blind.  
 Colne and District Society for the Blind.  
 Fulwood (Preston) Institute for Blind Welfare.  
 Liverpool Cornwallis Street Workshops for the Blind.  
 Manchester Henshaw's Institution for the Blind.  
 Manchester National Library for the Blind.  
 Rochdale and District Blind Welfare Society.  
 Rossendale Society for the Blind.  
 St. Helens and District Workshops for the Blind.  
 Warrington, Widnes and District Workshops for the Blind.  
 Wigan, Leigh and District Workshops for the Blind.

The occupations in which the home workers were employed were as follows:—

Occupation	Men	Women	Total
Piano tuner .....	12	—	12
Machine knitter .....	—	9	9
Braille copyist and proof-reader .....	2	2	4
Tea agent .....	3	—	3
Basket maker .....	2	—	2
Firewood dealer .....	2	—	2
Newsvendor .....	3	—	3
Music teacher .....	1	—	1
Hand knitter .....	—	4	4
Skip maker .....	1	—	1
Boot and shoe repairer .....	1	—	1
Poultry farmer .....	5	—	5
Nurseryman .....	1	—	1
Confectioner .....	1	—	1
Produce merchant .....	1	—	1
Shopkeeper .....	1	—	1
<b>TOTAL</b> .....	<b>36</b>	<b>15</b>	<b>51</b>

*Remuneration.*—A revised Home Workers' Scheme as recommended by the Local Authorities Advisory Committee has been adopted by the County Council which provides that net earnings up to and including £3. 10s. a week are augmented by the County Council by £2. 15s. and £2. 5s. a week for blind men and women respectively. The weekly augmentation is reduced in accordance with a sliding scale for earnings exceeding £3. 10s. a week.

The workers were registered in accordance with the Disabled Persons (Employment) Act, 1944.

**EMPLOYMENT IN OPEN INDUSTRY.**—The County Council, in consultation with the Ministry of Labour and National Service, continued to take steps in appropriate cases to ensure that suitable work was found for blind persons in open industry, that is to say, under contracts of service, or otherwise, in places elsewhere than special workshops. The following table shows the occupations in which blind persons were employed in open industry:—

Occupation	No. employed
Engineering operative .....	44
Labourer (various industries) .....	31
Factory operative .....	33
Telephone switchboard operator .....	14
Dealer: tea, tobacco, newspapers .....	1
Piano tuner .....	4
Shopkeeper .....	9
Shorthand-typist and clerk .....	10
Skip maker .....	3
Canteen worker .....	1
Gardener .....	2
Minister of religion .....	2
Poultry farmer .....	11
Solicitor .....	3
Basket maker .....	2
Domestic worker .....	7
Refuse collector .....	1
Rag gatherer .....	3
Master joiner .....	1
Master plumber .....	1
Master builder .....	1
Agricultural worker .....	3
Home teacher .....	1
Cashier .....	1
Welfare officer .....	1
Massage and physiotherapy .....	3
Garage attendant .....	1
Rug maker .....	1
Billiard hall proprietor .....	1
Blind Aid Society collector .....	1
Music teacher.....	1
Lime and cement merchant .....	1
Organiser—National League of the Blind .....	1
Schoolteacher .....	1



**HOME TEACHERS OF THE BLIND.**—The County Council employed 41 home teachers of the blind, whose duties included—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching blind persons wherever practicable to read embossed literature;
- (iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) generally assisting in promoting the welfare of blind persons;
- (vi) advising blind persons of all available social services;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness;
- (viii) organising social centres and classes.

**SOCIAL AND HANDICRAFT CENTRES.**—There were 52 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following table shows the districts in which social and handicraft centres have been established:—

Accrington	Droylsden	Nelson
Ashton-in-Makerfield	Eccles	Newton-le-Willows
Ashton-under-Lyne	Failsworth	*Oldham
Atherton	Farnworth	Ormskirk
Bacup	Fleetwood	Padiham
*Barrow-in-Furness	Fulwood	Radcliffe
*Blackpool	Heywood	Ramsbottom
*Bolton	Hindley	*Rochdale
*Burnley	Horwich	Royton
Chadderton	Huyton	*St. Helens
Chorley	Kearsley	Stretford
Clitheroe	Lancaster	Swinton and Pendlebury
Colne	Leigh	Ulverston
Crompton	Litherland	Westhoughton
Crosby	Middleton	Widnes
Darwen	Morecambe	*Wigan (2)
Denton	Mossley	Worsley

\* Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

**WIRELESS TELEGRAPHY (BLIND PERSONS FACILITIES) ACT, 1926.**—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate, issued by or under the authority of the Council of the County or of the County Borough in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough may receive a wireless licence without the payment of any fee.

All applications for certificates of blindness for blind persons resident in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmic surgeons acting on behalf of the County Council, the required certificate is issued.

During the year 1953, 435 certificates were issued.

**CERTIFICATES OF BLINDNESS FOR THE NATIONAL ASSISTANCE BOARD.**—To enable blind persons to have the benefit of the higher scale of National Assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, a certificate of blindness in respect of each of the 592 persons over 16 years of age who were registered as blind during the year 1953 was forwarded to the National Assistance Board.

**DISABLED PERSONS (EMPLOYMENT) ACT, 1944.**—Records are maintained by the County Council of blind persons who are registered under the Disabled Persons (Employment) Act, 1944.

**Partially Sighted Persons.**—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

A register of partially sighted persons resident in the Administrative County area has been established and maintained, and the services and facilities provided in respect of blind persons are made available to them.

At the end of 1953 there were 534 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1952	4	33	14	21	48	259	379
1953	1	49	21	23	81	359	534

**Follow-up of Registered Blind and Partially Sighted Persons.**—The following statement gives information as to the incidence of blindness with particular reference to cataract and glaucoma among old people and retrolental fibroplasia among premature infants.

	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment .....	203	44	1	191
(b) Treatment (medical, surgical or optical) .....	154	26	1	92
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment.....	87	19	1	68

**Deaf or Dumb Persons.**—THE NATIONAL ASSISTANCE (DEAF AND DUMB PERSONS) SCHEME, 1952.—The scheme of the County Council for providing welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947".

**REGISTRATION.**—Deaf persons whose names were included on the register of an agency for the deaf have been accepted without examination by the Council for inclusion on their register of deaf persons.

**LOCAL AUTHORITY REPRESENTATION.**—Provision has been made for local authority minority representation on the committees of the various agencies of the deaf.

**READJUSTMENT OF AREAS.**—Arrangements have been made for the retention for the time being by the Deaf and Dumb Societies of the areas for which they have been responsible over a period of years.

**FINANCIAL ARRANGEMENTS.**—The contributions to the several Deaf and Dumb Societies were, with seven exceptions, arrived at on the basis of £3 for each deaf and dumb person over 16 years of age on their registers at the 1st April, 1953. In respect of Societies whose funds were low it was agreed that immediate payments on account at the rate of £3 per case should be made.

For the financial year 1953-54 the County Council made payments to the Deaf and Dumb Societies as follows:—

<i>Deaf and Dumb Society</i>	<i>No. of deaf and dumb persons</i>	<i>Amount payable on the basis of £3 in respect of each deaf and dumb person</i>
		£
Blackpool .....	32	96
Bolton, Leigh and District .....	115	575*
Carlisle (Barrow) .....	16	183*
Liverpool .....	50	150
Manchester .....	198	594
North and East Lancashire .....	182	1,365*
Oldham .....	46	138
Rochdale .....	36	180*
Southport .....	15	45
St. Helens .....	32	160*
Warrington .....	31	155*
Wigan .....	82	410*
	835	£4,051

\* The basis of payment to these seven Societies was increased to meet additional expenditure.

The amount paid to the North Regional Association for the Deaf for the financial year 1953-54 was £409. 4s.



**Handicapped Persons other than the Blind, Partially Sighted and Deaf and Dumb.**—THE NATIONAL ASSISTANCE (HANDICAPPED PERSONS) (GENERAL) SCHEME, 1952.—In pursuance of section 34(4) of the National Assistance Act, 1948, the Minister of Health in June, 1952, approved the County Council Scheme for the provision of welfare services for "handicapped persons" as defined in the scheme which is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947".

**REGISTRATION.**—In compiling the Register of Handicapped Persons, health visitors, district nurses, midwives, home help supervisors, general practitioners and the Ministry of Labour and National Service have been able to give information to the divisional medical officers but it is likely to be some time before a complete record can be compiled.

**OCCUPATIONAL THERAPY.**—Occupational therapy is provided for persons suffering from disabilities which prevent their following ordinary pursuits. Occupational therapists are engaged to teach handicapped persons in their own homes, the expenditure being met under the National Assistance Act, 1948. The Chief Education Officer has, in different parts of the County area, organised under the Further Education Regulations, handicraft centres for handicapped persons. At the end of the year 1953, 149 handicapped persons were receiving lessons from an occupational therapist in their own homes and 43 were attending classes under the Further Education Regulations.

**ADAPTATIONS AT THE HOMES OF HANDICAPPED PERSONS.**—A number of handicapped persons have been supplied by the Artificial Limb and Appliance Centre of the Ministry of Health with electrically propelled or motor propelled vehicles and to accommodate such vehicles adaptations have been necessary at their homes. In approved cases the cost of the adaptations has been met by the County Council.

**RESIDENTIAL ACCOMMODATION.**—The Education Committee has provided fully for the special education needs of severely crippled children in the County area by setting up three residential special schools (Bleasdale House, Silverdale; Singleton Hall, Poulton-le-Fylde; Kepplewray, Broughton-in-Furness) and at the end of December, 1953, there were 89 children maintained there. When the children reach school leaving age they come under the supervision of the Health Committee for welfare purposes.

The need for residential care for some adult cripples arises and at the 31st December, 1953, the County Council maintained 10 persons in special homes for cripples.

**ARRANGEMENTS WITH VOLUNTARY ORGANISATIONS.**—There are very few voluntary organisations which provide welfare services for handicapped persons and consequently such services are, at the moment, mainly supervised in many areas by the Divisional Health Committees.

Arrangements have been made in several health divisions for the County Council health visitors to co-operate with the various branches of the Inskip League of Friendship with a view to visiting the handicapped persons in order to establish a general improvement in their conditions. The County Council has granted financial assistance to the Manchester Cripples' Help Society and also to the various branches of the Inskip League of Friendship.

**TRANSPORT FOR HANDICAPPED PERSONS.**—The County Council has approved the use of ambulance service vehicles where available for the transport of handicapped persons in travelling to and from their homes to participate in any of the services provided by the voluntary organisations.

**LOCAL AUTHORITY REPRESENTATION.**—Provision has been made for local authority minority representation on the committees of the Manchester Cripples' Help Society and the various branches of the Inskip League of Friendship.

**EPILEPTICS AND SPASTICS.**—The County Council maintain through the Divisional Health Committees a register of persons suffering from epilepsy and cerebral palsy, and advantage is taken of the services provided under the Education Act, 1944, the National Health Service Act, 1946, and the National Assistance Act, 1948. Liaison between the local health services and the diagnostic and treatment services is maintained and the co-operation is good. Welfare provisions by way of occupational therapy have been made in suitable cases with good results.

If an epileptic child is brought to the notice of the County Council as being suitable for admission to a special school, arrangements are made for the child to be admitted to the County Council Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick, or other special schools approved by the Ministry of Education. On attaining the age of 16 years the child is medically re-assessed and if recommended for admission to a home for epileptics for persons over 16 years of age arrangements are made accordingly.

Spastic children are accommodated at the three County Council residential schools mentioned above and formed by far the largest group resident there during 1953.

On leaving school some are admitted to college for training in some appropriate occupation, others obtain employment near home and some may be unfit for employment. The same officers, in the main, are concerned with these children both before and after leaving school, so that it is a simple matter for the fullest use to be made of all relevant information.

School children suffering from epilepsy or cerebral palsy are "ascertained" readily enough but in the case of adults, it is felt that many minor degrees of epilepsy and of cerebral palsy are not brought to the notice of the local authority. Many in the latter category have adapted themselves satisfactorily to their condition thus enabling them to obtain and retain employment suitable to their handicap.

Orthopaedic clinics are provided by the County Council and by the hospital service and there are adequate facilities for orthopaedic treatment of spastic persons.

A number of the adult spastics attend the social centres established by various branches of the Inskip League of Friendship and in many cases transport is provided by the County Council.

The epileptics and spastics on the County Council register are given every assistance to overcome, as far as possible, their handicap and in all cases the officers of the County Council endeavour to co-ordinate their activities with the medical practitioner, the hospital service and in some cases the Ministry of Labour and National Service or the Appliance Centre of the Ministry of Health.

The following statement shows the ascertained number of epileptic and spastic persons resident in the Administrative County area at the end of 1953:—

*Epileptics under 16 years of age—*

Resident in special schools .....	35
Temporarily receiving home tuition or awaiting admission to special schools .....	13

*Epileptics over 16 years of age—*

Resident in homes for epileptics .....	197
Awaiting admission to homes for epileptics .....	6
Other ascertained epileptic persons resident at home or in Part III accommodation .....	68
	<hr/> 319 <hr/>

*Spastics under 16 years of age—*

Resident in special schools .....	64
Attending ordinary school and orthopaedic after-care centres .....	108

<i>Spastics over 16 years of age</i> .....	104
	<hr/> 276 <hr/>

**Registration of Homes for Disabled and/or Old Persons.**—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the Councils of Counties and County Boroughs of disabled persons' and old persons' homes.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the Divisional Health Committees and 32 such homes were registered at 31st December, 1953. The homes are situated in the areas of the following health divisions:—

Health Division No.	District	No. of registered homes
1	Grange U.D. ....	1
2	Lancaster M.B. ....	1
	Lancaster R.D. ....	1
	Morecambe and Heysham M.B. ....	2
3	Lytham St. Annes M.B. ....	3
4	Fulwood U.D. ....	1
	Preston R.D. ....	1
6	Nelson M.B. ....	1
7	Crosby M.B. ....	5
	Formby U.D. ....	1
	West Lancashire R.D. ....	1
9	Huyton-with-Roby U.D. ....	1
	Widnes M.B. ....	1
10	Warrington R.D. ....	1
11	Leigh M.B. ....	1
12	Prestwich M.B. ....	2
	Tottington U.D. ....	1
	Whitefield U.D. ....	1
15	Eccles M.B. ....	2
	Swinton and Pendlebury M.B. ....	1
16	Stretford M.B. ....	1
	Urmston U.D. ....	1
17	Ashton-under-Lyne M.B. ....	1
TOTAL—Administrative County .....		32



**War Charities Act, 1940.**—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate Divisional Health Committees and at 31st December, 1953, there were 44 Charities registered.

#### RECEPTION CENTRES

In accordance with section 17 of the National Assistance Act (Part II) the County Council provide and maintain on behalf of the National Assistance Board a reception centre at Lancaster for the provision of temporary board and lodging for persons without a settled way of living, and the expenditure incurred with the approval of the Board is recoverable from the Board.

During the year accommodation was provided for 4,862 persons (4,538 men, 324 women) giving an average number accommodated per night of 13.3.

Thirteen men and one woman who were admitted to the reception centre were later transferred to residential or temporary accommodation provided by the Council under Part III of the Act.

#### CIVIL DEFENCE—WELFARE SECTION

The County Medical Officer of Health was appointed by the County Council as head of the Welfare Section of the County Division of the Civil Defence Corps and also as the County Rest Centre Officer. A considerable volume of work arises in connection with these appointments and this is described briefly in the following paragraphs.

**Rest Centre Officer.**—The Rest Centre Service is one in respect of which the County Council is charged both with planning and operational responsibility. As Rest Centre Officer the County Medical Officer is responsible for the plans and arrangements for the care of the homeless and other refugees and the provision of rest centre accommodation in the event of war. The work involved has been and still is very comprehensive but much of it is confidential and cannot be referred to in detail. It has included—

(a) the formulation of the County Council's rest centre plan embodying zonal plans in respect of target and vulnerable areas;

(b) earmarking of premises for use as rest centres in accordance with the County Council's plan; and

(c) co-ordination of the rest centre plans and of the premises earmarked for use as rest centres with the plans and premises earmarked for use as emergency meals centres.

During the year the County Council on the recommendation of the Civil Defence Committee decided, subject to the approval of the Minister of Health, to delegate to District Councils responsibility for the staffing and local operation of rest centres.

**Welfare Section.**—The officer appointed head of the section is responsible for making arrangements for the training of the personnel of that section in the specialised duties of the section. In the case of the welfare section this is rendered more difficult by the fact that unlike other sections of the corps, which cover one service only, the welfare section is comprised of a number of distinct services. Although the welfare of the public is the predominant feature of each of them they are very diverse in type, and operational or functional responsibility for them rests partly with the County Council and partly with County District Councils.

These services are as follows:—

<i>Service</i>	<i>Functional or operational responsibility</i>
Care of the homeless and rest centres .....	County Council—Delegation of local operation to County District Councils, subject to approval by Minister of Health. Overall planning and responsibility will remain with the County Council.
Emergency feeding .....	County Council, overall planning—local operation delegated to County District Councils.
Evacuation and billeting .....	County District Councils.
Information .....	” ” ”
Shelter welfare and hygiene .....	” ” ”

It was decided, as part of the County Council's Civil Defence Scheme, that the County Medical Officer would act locally through the Divisional Medical Officers, who would be the appropriate officers locally for welfare purposes and the divisional basis on which normal health and welfare functions are administered has been followed in the matter of welfare section training.

There has not, however, been any delegation or referring of civil defence functions to Divisional Health Committees. The County Medical Officer in civil defence matters acts as the officer of the Civil Defence Committee and the Divisional Medical Officers, as his representatives locally, are similarly acting on behalf of that committee.

The syllabus for the welfare section as drawn up nationally is not intended to be absolutely rigid but to have a measure of flexibility in its application and before any training was commenced in the Administrative County a working party was set up to consider the lines to be followed. This working party consisted of all those having a major interest in the training. It included, in addition to representatives of the Clerk of the County Council and the County Medical Officer, some Divisional Medical Officers, representatives of each of the three District Council Associations for Lancashire, the Women's Voluntary Services, the Citizens' Advice Bureau and the Police.

The Divisional Medical Officers could not arrange the training in the wide variety of subjects included in the welfare syllabus without the co-operation of many people outside their own staffs. It is obviously desirable that District Council officers who would be responsible for the operation of a particular service in time of war, and who consequently have most knowledge of that service, should assist in the training of volunteers for it.

The Divisional Medical Officers call upon staff in the service of the Health Committee to cover items in the syllabus which are related to their normal duties such as home nursing and child care.

In similar manner they seek the assistance of District Council sanitary inspectors to give talks on sanitation and hygiene under emergency conditions. The officers of the District Councils who have been appointed as billeting officers or information officers are similarly asked to assist in the training of volunteers in those subjects.

The specialised training in emergency feeding has from the outset been given by schools meals organisers from the County Education Department, at first as part of the comprehensive programmes arranged by Divisional Medical Officers, but more recently the training in this branch of the welfare section has been left entirely to the Chief Education Officer, as Emergency Feeding Officer, to be arranged by him separately.

Valuable assistance is rendered by voluntary bodies. The Citizens' Advice Bureau personnel have been very helpful in assisting in the training for the information service. The Women's Voluntary Services have played an outstanding part in the training. They share in the training in almost every section of the welfare syllabus and in some parts, of which the training for the rest centre services is one, they carry out the major part. They have been most versatile in the matter and have often helped out when it has been impossible to make any other arrangements for training.

In order that the training given to the volunteers should be as efficient and interesting as possible, numerous courses of training have been arranged by the County Medical Officer for persons willing to act as instructors to the volunteers in the various subjects. There has been a considerable number of these courses and they have covered every service in the welfare section. In addition, many "speakers' days" have been held when instructors and potential instructors have attended and have been given the opportunity of talking to a panel of experts who have afterwards given them helpful advice and demonstrations of how training talks should be given and what should be avoided.

The recruitment of volunteers is, by delegation, a matter for County District Councils and the Divisional Medical Officers are only concerned with welfare section volunteers from the stage where they are referred to them by the Clerks of the County District Councils for section training.

At the 31st December, 1953, the number so referred was 1,884 of which approximately 50 per cent. were either receiving or had completed training. Training courses are in operation in 15 out of the 17 health divisions and others are being arranged. It is not practical or satisfactory to ask volunteers to travel any considerable distance in order to attend a training course and it is difficult to arrange any training where the number of volunteers in a particular county district is very small.



## SANITARY CIRCUMSTANCES OF THE COUNTY

**Water Supply.**—The populous portions of the Administrative County are, on the whole, well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1953 together with the owning authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated.

### LOCAL WATER SUPPLIES

Urban Districts	Authority owning supply	Source of supply
Abram.....	Liverpool C.B.C.	Rivington reservoir.
Accrington (B.) .....	Accrington District Water Board	Moorland and deep wells.
Adlington .....	Manchester C.B.C.; Blackrod U.D.C.	Thirlmere; upland surface water and springs.
Ashton-in-Makerfield .....	Ashton-in-Makerfield U.D.C.; Liverpool C.B.C.	Upland surface water; Rivington reservoir.
Ashton-under-Lyne (B.) .....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield valley.
Aspull .....	Bolton C.B.C.; Liverpool C.B.C.; Wigan R.D.C.	Upland surface water; Rivington reservoir; deep wells.
Atherton .....	Manchester C.B.C.; Bolton C.B.C.	Thirlmere; upland surface water.
Audenshaw.....	Ashton-under-Lyne, etc., Waterworks Joint Committee; Manchester C.B.C.	Brushes and Greenfield valley; Thirlmere.
Bacup (B.) .....	Bacup M.B.C.	Cowpe and Sheephouse reservoirs.
Barrowford.....	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Billinge and Winstanley .....	Wigan C.B.C.; Liverpool C.B.C.	Deep wells, disused colliery shafts; Rivington reservoir.
Blackrod .....	Blackrod U.D.C.	Upland surface water and springs.
Brierfield .....	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Carnforth .....	Lancaster M.B.C.	Moorland—reservoir at Withnets.
Chadderton .....	Oldham C.B.C.; Manchester C.B.C.; Heywood and Middleton Water Board	Piethorne reservoir; Thirlmere; Ashworth Moor, Knoll Moor and Rooley Moor.
Chorley (B.) .....	Liverpool C.B.C.; Manchester C.B.C.	Rivington reservoir; Thirlmere.
Church .....	Accrington District Water Board; Oswaldtwistle U.D.C.	Moorland and deep wells; upland surface water and disused mine workings.
Clayton-le-Moors .....	Accrington District Water Board	Moorland and deep wells.
Clitheroe (B.) .....	Clitheroe M.B.C.	Grindleton Fell.
Colne (B.) .....	Colne M.B.C.	Moorland and springs—Laneshaw reservoir.
Crompton .....	Oldham C.B.C.	Various upland sources.
Crosby (B.).....	Liverpool C.B.C.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness .....	Barrow-in-Furness C.B.C.	Upland gathering grounds on adjacent moor- lands.
Darwen (B.) .....	Darwen M.B.C.; Bolton C.B.C.	Upland surface water.
Denton .....	Manchester C.B.C.	Thirlmere.
Droylsden .....	Manchester C.B.C.	Thirlmere.
Eccles (B.) .....	Manchester C.B.C.	Thirlmere.
Failsworth .....	Oldham C.B.C.; Manchester C.B.C.	Piethorne reservoir; Thirlmere.
Farnworth (B.) .....	Bolton C.B.C.	Upland surface water.
Fleetwood (B.) .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Formby .....	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood .....	Fulwood U.D.C.; Fylde Water Board; Preston C.B.C.	Beacon Fell and Saddle Fell; Grizedale and Stocks valleys; upland surface water.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority owning supply	Source of supply
Golborne .....	(a) Ince-in-Makerfield U.D.C.; (b) Newton-le-Willows U.D.C.; (c) Liverpool C.B.C.; (d) Warrington C.B.C.	(a) Deep wells; (b) Deep wells; (c) Rivington reservoir; (d) Deep wells.
Grange .....	Grange U.D.C.	Upland surface water and spring.
Great Harwood .....	Accrington District Water Board	Moorland and deep wells.
Haslingden (B.) .....	Irwell Valley Water Board; Accrington District Water Board	Various upland sources and deep wells.
Haydock .....	Liverpool C.B.C.	Rivington reservoir.
Heywood (B.) .....	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley .....	Liverpool C.B.C.	Rivington reservoir.
Horwich .....	Horwich U.D.C.	Moorland, deep well and springs.
Huyton-with-Roby .....	Liverpool C.B.C.	Lake Vyrnwy.
Ince-in-Makerfield .....	Ince-in-Makerfield U.D.C.; Liverpool C.B.C.	Deep artesian wells; Rivington reservoir.
Irlam .....	Manchester C.B.C.; Warrington C.B.C.	Thirlmere; deep wells.
Kearsley .....	Bolton C.B.C.; Irwell Valley Water Board	Various upland sources and deep well.
Kirkham .....	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B.) .....	Lancaster M.B.C.; Manchester C.B.C. (emergency only)	Moorland surface water—Upper Wyresdale; Thirlmere.
Lees .....	Oldham C.B.C.	Upland surface water.
Leigh (B.) .....	Liverpool C.B.C.; Manchester C.B.C. (emergency only)	Rivington reservoir; Thirlmere.
Leyland .....	Leyland U.D.C.; Manchester C.B.C.	Boreholes at Clayton-le-Woods; Thirlmere.
Litherland .....	Liverpool C.B.C.	Lake Vyrnwy.
Littleborough.....	Rochdale C.B.C.	Moorland reservoirs.
Little Lever .....	Irwell Valley Water Board	Various upland sources and deep well.
Longridge .....	Preston C.B.C.	Upland surface water.
Lytham St. Annes (B.) .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Middleton (B.) .....	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow .....	Rochdale C.B.C.; Oldham C.B.C.	Various upland sources.
Morecambe & Heysham(B.)	Lancaster M.B.C.	Moorland surface water—Upper Wyresdale.
Mossley (B.) .....	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield Valley.
Nelson (B.) .....	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Newton-le-Willows .....	Newton-le-Willows U.D.C.	Deep wells.
Ormskirk .....	Ormskirk U.D.C.; Southport and District Water Board	Deep wells.
Orrell .....	Orrell U.D.C.; Wigan C.B.C.	Disused mine shaft and deep wells.
Oswaldtwistle .....	Oswaldtwistle U.D.C.	Upland surface water and disused mine workings.
Padiham .....	Padiham U.D.C.	Moorland surface water—Churn Clough and Stainscombe.
Poulton-le-Fylde .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot .....	Liverpool C.B.C.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B.) * .....	(a) Manchester C.B.C.; (b) Heywood and Middleton Water Board; (c) Irwell Valley Water Board	(a) Thirlmere; (b) Ashworth Moor, Knoll Moor and Rooley Moor; (c) Various upland sources and deep well.
Radcliffe (B.) .....	Irwell Valley Water Board; Bolton C.B.C.	Various upland sources and deep well.
Rainford .....	St. Helens C.B.C.	Deep wells.
Ramsbottom .....	Irwell Valley Water Board	Various upland sources and deep well.
Rawtenstall (B.) .....	Irwell Valley Water Board; Bacup M.B.C.	Various upland sources and deep well.
Rishton .....	Accrington District Water Board	Moorland and deep wells.
Royton .....	Oldham C.B.C.	Various upland sources.



LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority owning supply	Source of supply
Skelmersdale .....	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Standish-with-Langtree .....	Liverpool C.B.C.; Manchester C.B.C.	Rivington reservoir; Thirlmere.
Stretford (B.) .....	Manchester C.B.C.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury (B.) .....	Bolton C.B.C.; Manchester C.B.C.	Upland surface water; Thirlmere.
Thornton Cleveleys .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Tottington .....	Irwell Valley Water Board	Various upland sources and deep well.
Trawden .....	Trawden U.D.C.	Springs—Boulsworth Hill.
Turton .....	Bolton C.B.C.; Irwell Valley Water Board	Upland surface water.
Tyldesley .....	Manchester C.B.C.	Thirlmere.
Ulverston .....	Barrow-in-Furness C.B.C.	Upland surface water—Pennington reservoir.
Upholland .....	Upholland U.D.C.	Two deep wells at Tontino and Roby Mill.
Urmston .....	Manchester C.B.C.	Thirlmere and Longdendale.
Walton-le-Dale .....	Manchester C.B.C.; Preston C.B.C.	Thirlmere; upland surface water.
Wardle .....	Rochdale C.B.C.	Moorland reservoirs.
Westhoughton .....	Bolton C.B.C.	Upland surface water.
Whitefield .....	Irwell Valley Water Board	Various upland sources and deep well.
Whitworth .....	Rochdale C.B.C.	Moorland reservoirs.
Widnes (B.) .....	Widnes M.B.C.; Liverpool C.B.C.	Three deep wells in sandstone; Lake Vyrnwy.
Withnell .....	Liverpool C.B.C.	Withnell reservoir.
Worsley .....	Bolton C.B.C.; Manchester C.B.C.	Upland surface water; Thirlmere.
RURAL DISTRICTS		
Blackburn .....	(a) Blackburn C.B.C.; (b) Manchester C.B.C.; (c) Darwen M.B.C.; (d) Oswaldtwistle U.D.C.	(a) Brennand; (b) Thirlmere; (c) & (d) upland surface water.
Burnley .....	Burnley R.D.C.; Burnley C.B.C.; Nelson M.B.C.; Accrington District Water Board; Padiham U.D.C.	Chiefly upland surface water and springs.
Chorley .....	Manchester C.B.C.	Thirlmere.
Clitheroe .....	Clitheroe R.D.C.; Blackburn C.B.C.; Accring- ton District Water Board; Fylde Water Board; Clitheroe M.B.C.	Moorland and springs.
Fylde .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang .....	Fylde Water Board	Moorland water—Grizedale and Stocks.
Lancaster .....	(a) Manchester C.B.C.; (b) Lancaster M.B.C.; (c) Fylde Water Board.	(a) Thirlmere; (b) Wyresdale Fells; (c) Grizedale and Stocks.
Limehurst .....	Ashton-under-Lyne, etc., Waterworks Joint Committee; Oldham C.B.C.	Chew Valley; various upland sources.
Lunesdale .....	Lunesdale R.D.C.; Manchester C.B.C.	Caton and Hornby Castle; Thirlmere.
Preston .....	(a) Preston C.B.C.; (b) Manchester C.B.C.; (c) Fylde Water Board; (d) Fulwood U.D.C.	(a) Langden Valley; (b) Thirlmere; (c) Grizedale and Stocks; (d) Boacon Fell and Saddle Fell.
Ulverston .....	Barrow-in-Furness C.B.C.; Grange U.D.C.	Upland surface water—Seathwaite and Pen- nington; Upland surface water and spring.
Warrington .....	(a) Liverpool C.B.C.; (b) Warrington C.B.C.; (c) St. Helens C.B.C.	(a) Rivington reservoir; (b) & (c) deep wells.
West Lancashire .....	(a) Liverpool C.B.C.; (b) Southport and District Water Board; (c) St. Helens C.B.C.; (d) Preston C.B.C.; (e) Ormskirk U.D.C.; (f) Upholland U.D.C.; (g) Wigan R.D.C.; (h) Manchester C.B.C.	(a) Rivington reservoir; (b) to (g) deep wells and upland surface water; (h) Thirlmere.
Whiston .....	(a) Liverpool C.B.C.; (b) St. Helens C.B.C.; (c) Warrington C.B.C.; (d) Widnes M.B.C.	(a) Rivington reservoir; (b), (c) & (d) deep wells.
Wigan .....	(a) Wigan R.D.C.; (b) Liverpool C.B.C.; (c) Blackrod U.D.C.	(a) Deep wells; (b) Rivington reservoir; (c) upland surface water and springs.

**PUBLIC MAINS SUPPLIES.**—The following table, compiled from the local health reports, shows the approximate number of houses and population receiving water from the public mains (a) direct and (b) by means of stand-pipes:—

*Water supplied from public mains*

	Direct to houses		By means of stand-pipes	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts .....	545,700	1,717,800	105	300
Total Rural Districts .....	81,900	293,800	68	230
Administrative County .....	627,600	2,011,600	173	530

During the year 507 existing houses were for the first time connected to the public mains supply. In addition 13,633 new houses were connected.

In the great majority of districts the public supplies were reported to be satisfactory in quality throughout the year under report. Frequent sampling of piped supplies was undertaken in most districts both of the raw water and of the water going into supply after treatment, though in areas supplied from outside sources this was not always considered to be necessary, sampling usually being undertaken by the supplying authority. The local authorities appear to have taken appropriate action in all cases of contamination of supplies. Chlorination was as usual the most widely adopted method of ensuring wholesome supplies, whilst in several districts the liability to plumbo-solvent action required the treatment of the water going into supply and, with certain supplies, the use of tin-lined service pipes.

The quantity of public water supplies was, on the whole, satisfactory throughout the year but it is apparent that in some districts the connection to the mains of large numbers of new houses has in recent years imposed a demand upon the water supply which is being increasingly felt in periods of relative drought. The medical officers of health of 22 County districts reported instances in 1953 of unsatisfactory low mains pressure, of the necessity for appeals for economy in use of the supply and even of compulsory rationing although, to put the matter in truer perspective, these often related only to relatively small portions of the districts concerned and to the driest periods of the year.

Extensions to water mains and improvements to supplies were reported in 73 County districts. Whilst the majority of these were effected to meet the needs of housing developments the replacement of private supplies to nearly 600 houses was completed. The acquisition of new sources of supply was reported from Lancaster M.B., where the City Council acquired the undertaking formerly belonging to the Carnforth District Waterworks Company, and from Clitheroe R.D., where, in addition to the purchase of the private supply to Barrow village and the reconnection of the distribution mains to the existing council main, the construction was completed of a new reservoir, pumping plant and mains for the improvement of existing supplies and the extension of supply in the Chipping and Thornley areas.

**PRIVATE SUPPLIES.**—According to local reports some 11,300 dwellings housing a population of approximately 32,300 were still dependent upon supplies from wells, springs, etc., at the end of 1953. Considerable work was undertaken in the cleansing and improvement of such supplies. Bacteriological examinations of the untreated water were taken in 667 instances and approximately one-half were found to be unsatisfactory. Chemical analyses numbered 32, of which 18 were unsatisfactory. Where improvements in such cases could not be secured by treatment or constructional work every effort appears to have been made by the authorities concerned to provide a link with the public mains or, failing this, an alternative wholesome supply. Samples from supplies where treatment had been installed numbered 19 and all were satisfactory.

**THE RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 AND 1951.**—The Act of 1944 extended the duties of local authorities by placing on them an obligation to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act the Minister of Housing and Local Government is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply, of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.



The purpose of the Act of 1951 was to extend the limit set by the Act of 1944 to the amount of contributions which could be made under section 1 of the latter Act out of monies provided by Parliament.

Particulars of the applications received during the year 1953 are given in the following table:—

Authority	Nature of scheme and estimated cost	Action taken by County Council (to April, 1954)	Decision of Minister of Housing and Local Government (to April, 1954)
Clitheroe R.D. ....	Provision of a water supply to the township of Wiswell £1,620	Approved for submission to the Minister of Housing and Local Government	Under consideration.
Garstang R.D. ....	Sewerage scheme for townships of Cabus, Garstang and Churchtown £19,791. 15s.	do.	do.
Limehurst R.D. ....	Reconstruction of Waterloo sewage works £34,500	do.	£8,000 grant. (Similar grant approved by County Council)
Lunesdale R.D. ....	Extension of water main to the township of Cantsfield £1,210	do.	No grant.
Lunesdale R.D. ....	Provision of a sewerage scheme for the township of Caton £26,707	do.	Under consideration.
Ulverston R.D. ....	Renewal of water main to the township of Allithwaite £1,740	do.	do.
Ulverston R.D. ....	Provision of a water supply to the township of Colton £19,343	do.	£5,000 grant.
Ulverston R.D. ....	Provision of a water supply to the township of Kirkby Ireleth £2,760	do.	Under consideration.

PUBLIC HEALTH ACT, 1936.—SECTION 307.—Particulars of the applications received during the year 1953 for financial assistance from the County Council in respect of water supply and sewage disposal schemes are set out below:—

Authority	Nature of application and estimated cost	Action taken (to April, 1954)
Ashton-in-Makerfield U.D. ....	Replacement of water main in Bolton Road area £4,751	Approved for grant purposes according to the County Council's formula.
Prestwich M.B. ....	Drainage scheme for the Sedgley Park area £140,000	do.
Radcliffe M.B. ....	Provision of a surface water sewer to prevent flooding on Wilton Estate £25,000	do.
Rawtenstall M.B. ....	Conversion of private water supplies to mains supplies in Burnley Road and Graver Weir Terrace £116 17s. 0d.	do.
Rawtenstall M.B. ....	Conversion of private water supplies to mains supplies in Crawshawbooth, etc. £1,426	do.
Turton U.D. ....	Provision of a water main to Lower Knott Cottages, Harwood £235	do.
Upholland U.D. ....	Provision of a 10-in. water main from Mill Hill reservoir to Victoria Hotel £2,540	do.

**Drainage and Sewerage.**—Activity in connection with the initiation of new, and the extension of existing, drainage and sewerage schemes was reported by the medical officers of health of 76 County districts. Much of it was, of course, a direct consequence of housing development. Some 6,500 new houses, and 550 existing houses previously dependent upon septic tanks, pail closets, etc., were connected as a result of sewer extensions.

Whilst there is still a considerable number of localities or townships in the Administrative County both in urban and rural areas which are without a proper drainage or sewerage system they are, almost without exception, so isolated either by distance or such barriers as inclined ground, mining subsidence, canals and railways as to make the provision of sewers very difficult and costly. On the other hand, many such areas are connected to septic tanks.

Under the heading of "Water Supply" above, reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Acts and section 307 of the Public Health Act in connection with works of sewerage and sewage disposal.

**Closet Accommodation.**—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1953 as compiled from the local health reports. The number of *houses* on the water carriage system is approximately 596,000.

*Closet Accommodation at end of 1953*

	Urban districts	Rural districts	Administrative County
Privy middens.....	2,769	5,885	8,654
Privy closets .....	3,440	7,203	10,643
Pail closets .....	10,078	10,089	20,167
Fresh-water closets .....	542,845	71,753	614,598
Waste-water closets .....	62,089	3,519	65,608
Dry ashpits (excluding middens) .....	5,045	778	5,823
Movable ashbins .....	581,652	79,046	660,698

A summary of the action taken in the County districts during 1953 to provide the more sanitary types of closet accommodation is given below:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets.....	109	111	220
Privy closets to pail closets .....	22	10	32
Pail closets to fresh-water closets .....	235	352	587
Waste-water closets to fresh-water closets .....	1,931	46	1,977

In addition to the above, conversion of trough closets, of which there were reported to be about 800 still in the County area, was continued, a total of 56 being converted to fresh-water closets during the year and a further 12 to pails. At 893 premises movable ashbins were substituted for fixed receptacles.

**Sanitary Inspection.**—The following table gives the numbers of premises visited during 1953 by local sanitary officials, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 133 cases.

*Sanitary Inspections during 1953*

	No. of premises visited	Defects or nuisances		No. of notices served	
		No. discovered	No. abated	Informal	Statutory
Urban districts .....	241,170	65,289	61,677	27,435	4,692
Rural districts .....	30,484	4,105	3,383	1,873	204
Administrative County .....	271,654	69,394	65,060	29,308	4,896

**Prevention of Atmospheric Pollution.**—Control over atmospheric pollution is effected by both County Council and County District Council. As Planning Authority under the Town and Country Planning Act, 1947, the County Council have fairly extensive powers but in practice, owing largely to the substantial expenditure involved, these are normally limited to the imposition of conditions to planning permissions for industrial development likely to produce considerable smoke. Such conditions require applicants to take all reasonable steps to prevent injury to the amenities of the neighbourhood by the emission of smoke, dust or fumes.



The imposition of conditions applies only, of course, to new projects and there is, therefore, a very wide field where planning does not normally come into the picture. County District Councils, however, as sanitary authorities, have the power to take proceedings where a nuisance is caused by smoke and to make byelaws relating to the emission of smoke of such colour, density or condition as may be prescribed by such byelaws.

Whilst, therefore, the powers of the County Council are an effective supplement to those of the local sanitary authorities under the Public Health Act, 1936, the control of existing nuisances must largely remain the function of the latter authorities many of whom have, with advantage, adopted byelaws prescribing certain definite limits beyond which the emission of smoke constitutes a nuisance.

At the end of 1953 there were, according to local reports, some 2,650 factory and works chimneys in the County area and in those districts where a time limit for the emission of black smoke was in force such limit varied from two to six minutes in the half-hour to two to ten minutes in the hour. The number of observations taken during the year was 3,136, an increase of 395 over the total for 1952.

The necessity for industrial concerns periodically to use inferior or unsuitable qualities of fuel has greatly increased the difficulties of local authorities in the suppression of nuisances but in several instances success in securing more suitable supplies was obtained by local authority representation to the National Coal Board.

Co-operation between health officials and managements of firms was invariably reported to be good, recourse to legal proceedings being found necessary in only one instance. In addition to informal representations to works managers, measures directed towards the prevention of atmospheric pollution included an intensification in several districts of efforts to secure the attendance of stokers and boilermen at classes in boilerhouse practice, personal visits and advice to such workers and general propaganda in the form of circular letters and articles in local newspapers.

It is apparent from local reports that increasing use was made during 1953 of measuring devices for recording amounts of deposit and lead peroxide and sulphur dioxide content of the atmosphere. This was particularly so in the south-eastern part of the County where the Manchester and District Regional Smoke Abatement Committee continued their survey in which 17 authorities are participating.

Whilst a burning colliery spoil heap is not a smoke nuisance as defined by the Public Health Act it can be dealt with summarily by the local authority as a "statutory nuisance" under the Act as extended by the Public Health (Coal Mine Refuse) Act, 1939. The local authority are generally advised by their own officers in such cases but the Alkali Inspectors of the Ministry of Health are available for consultation and assistance if required. Action with regard to burning spoil banks during the year is reported in eight County districts.

**Movable Dwellings and Camping Sites.**—By section 269 of the Public Health Act, 1936, local authorities are empowered to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. Local authorities may attach to any such licence such conditions as they think fit with regard to water supply, sanitary arrangements, free space, etc.

A movable dwelling is defined in this section of the Act as including any tent, van, shed or other conveyance whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

Reference is made in the local reports of 47 districts in the Administrative County to the use of sites for camping purposes during 1953. The total number of sites reported to have been used for camping purposes during the year was 269. Licences issued by the local authorities under section 269 of the Act of 1936 (and under private Act in one district) numbered 108 in respect of sites and 791 in respect of individual movable dwellings. Court proceedings to close down an unauthorised site were found necessary in one district and an offender in another district was prosecuted. Otherwise, systematic inspection with informal and occasional formal notices where necessary would appear to have provided adequate control in most areas.

**Swimming Baths and Pools.**—Public swimming baths are reported to be in use in 32 of the County districts and privately owned swimming baths or pools open to the public exist in four districts. In nearly all instances filtration and chlorination plants are installed and regular sampling of the water takes place.

**Disinfestation.**—According to information supplied by local medical officers of health 508 council houses and 1,381 other houses were found to be infested during 1953. These totals represent an increase of 65 and a decrease of 59 respectively as compared with those for the previous year. No infestation was discovered in 18 County districts.

The most commonly used method of disinfestation was spraying with various liquid insecticides and special germicidal preparations, mostly based on D.D.T. Whilst almost the whole of this work was undertaken by the local authority staffs, contractors were employed in 28 districts where hydrogen cyanide gas was used in cases of heavy infestation or during removal of furniture, bedding, etc., to fresh premises.

The local reports indicate that, in order to prevent infestation or re-infestation after cleansing, periodic inspections or visits were usually made by sanitary inspectors, health visitors, housing managers or welfare officers, who gave personal advice to the tenants. In one or two districts free issues of insecticides were made.

**Prevention of Damage by Pests Act, 1949.**—Under this Act powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and the powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

Of the 100 local authorities whose medical officer of health reported action under the Act during 1953 only three found it necessary to have recourse to formal action—the total of notices served being 13. Almost all of the considerable amount of work which was undertaken in the County area was conducted informally with the ready co-operation of the owners or occupiers of the infested property. In many districts a free service was provided for domestic property but a charge was made for work on business premises. Continuous inspection of likely places of infestation, particularly sewers and tips, was maintained and routine treatment of sewers was normally carried out at half-yearly intervals.

**Factories Act, 1937.**—The following tables provide a summary of the action taken during 1953 in all County districts in connection with the administration of Parts I and VIII of the Factories Act, 1937.

## PART I OF THE ACT

### 1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

*(including inspections made by Sanitary Inspectors)*

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities .....	2,274	2,198	93	—
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority .....	8,745	7,993	332	—
(iii) Other Premises in which Section 7 enforced by the Local Authority *(excluding out-workers' premises) .....	362	485	19	—
TOTAL .....	11,381	10,676	444	—

\* i.e., Electrical Stations, Institutions, and sites of Building operations and Works of Engineering Construction.

### 2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1) .....	298	285	—	31	—
Overcrowding (S.2) .....	2	2	—	—	—
Unreasonable temperature (S.3) .....	2	2	1	—	—
Inadequate ventilation (S.4) .....	21	20	—	3	—
Ineffective drainage of floors (S.6) .....	18	16	—	1	—
Sanitary conveniences (S.7)—					
(a) insufficient .....	90	75	—	29	—
(b) unsuitable or defective .....	693	597	1	144	—
(c) not separate for sexes .....	19	17	—	5	—
Other offences against the Act (not including offences relating to Outwork) .....	114	96	13	4	—
TOTAL .....	1,257	1,110	15	217	—



**PART VIII OF THE ACT  
OUTWORK**

(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Sect. 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc.	612	—	—	—	—	—
Household linen .....	3	—	—	—	—	—
Umbrellas, etc. ....	3	—	—	—	—	—
Nets, other than wire nets .....	3	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper .....	123	—	—	—	—	—
Brush making .....	1	—	—	—	—	—
Stuffed toys .....	11	—	—	—	—	—
Basket making .....	2	—	—	—	—	—
Textile weaving .....	8	—	—	—	—	—
<b>TOTAL</b> .....	<b>766</b>	—	—	—	—	—

According to the local reports the administration of Parts I and VIII was continued satisfactorily during the year. Generally speaking, amelioration of unsatisfactory conditions, most of which would appear to have related to sanitary accommodation, was achieved by purely informal action and close co-operation was maintained with H.M. Inspectors of Factories.

**Rag Flock and Other Filling Materials Act, 1951.**—Under this Act premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating or reconditioning of articles and the upholstering of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1953 there were reported to be 88 registered premises in the County area and the number of licensed premises was 20, of which two were used for the manufacture or manufacture and storage of rag flock and 18 for its storage only. Inspections of these premises during the year numbered 165. A total of 52 samples of rag flock and other filling materials were submitted for examination and seven were stated to be unsatisfactory. A warning was issued to the manufacturer in each case.

**Premises and Occupations which can be controlled by Byelaws and Regulations.**—**OFFENSIVE TRADES.**—Offensive trades were reported in 48 County districts, the premises numbering 142. These were chiefly tripe boilers and/or dressers, gut scrapers, fat melters, tanners, soap boilers, rag and bone dealers and leather dressers, but also included 38 fish friers in four districts where this occupation is classed as an offensive trade. In November, 1953, Ministerial confirmation was received by the Droylsden Urban District Council of an order made by the council declaring the process of treatment, cleansing and adapting of animal hair, as carried out by one firm in the district, to be an offensive trade within the meaning of section 107 of the Public Health Act, 1936. Regular inspection during the year of all premises involved revealed the need for no special action, such improvements as were found necessary being effected by informal action.

**COMMON LODGING HOUSES.**—At the end of 1953 there were 22 common lodging houses on the registers of 15 district councils in the Administrative County. Their condition was generally reported to be satisfactory though the service of notices was found necessary in one instance in order to maintain a reasonable standard.

**HOUSES LET IN LODGINGS.**—Reference to this class of accommodation is made in 13 district reports, rather more than 2,100 being registered by the councils concerned. In the absence of complete housing surveys in all districts, however, the total number throughout the County area is problematical.

**UNDERGROUND SLEEPING ROOMS.**—No accommodation of this type is reported to exist in the Administrative County area.

**CANAL BOATS.**—Inspections of canal boats, 64 in number, are reported in four districts; no infringements of the appropriate legislation were noted.

**INSPECTION OF COUNTY DISTRICTS.**—In continuation of the policy of undertaking sanitary surveys of the districts in the Administrative County, special reports on six districts inspected by the County Sanitary Officers were submitted to the Public Health and Housing Committee during 1953. The districts concerned were Abram U.D., Ashton-in-Makerfield U.D., Bacup M.B., Carnforth U.D., Chorley M.B. and Rainford U.D. Copies of the reports, embracing the findings of the survey and the recommendations of the County Medical Officer of Health, were forwarded to the respective District Councils for consideration and necessary action.



## HOUSING

According to local authorities' rate books there were some 638,300 inhabited houses in the Administrative County area at the end of 1953. A reference to Table 6 on page 154 shows that 11,808 houses and 1,556 flats were completed during the year. All with the exception of 2,693 houses and 35 flats were erected by local authorities. As compared with the figure for the previous year the total of 13,364 dwellings of all types represents an increase of 5,201 or nearly 64 per cent. It was easily the highest post-war annual total, being 3,422 or more than 34 per cent. above the previous highest of 9,942 (including temporary prefabricated houses) in 1948.

Whilst suitable sites for new houses appear to be available in most districts difficulties in this connection are reported by approximately one-quarter of the medical officers of health within the Administrative County area. In several districts the choice of suitable building sites is greatly limited by mining subsidence and the need for specially strengthened foundations adds considerably to building costs. Costs are also increased in certain districts in east Lancashire by the necessity to use sites on steeply inclined land, with the attendant difficulties in providing water and sewerage services. Further limitation of choice occurs by reason of the authorities' desire to conserve valuable agricultural land. Objections by the Ministry of Agriculture and Fisheries to the use of such land for building purposes are reported in several instances.

In the absence of up-to-date surveys, records of overcrowding are incomplete in many districts. However, the medical officers of health of 53 of the 109 County districts were able to report fairly reliably on this matter. In these districts the number of dwellings overcrowded at the end of 1953 was 2,470—an average of 47 dwellings per district. The number of families housed therein was 3,474, totalling 15,220 persons or an average of slightly more than six individuals per dwelling. Whilst 603 new cases of overcrowding were ascertained during the year, 931 cases involving 4,530 persons were relieved, so that some improvement was achieved in the districts concerned.

Housing conditions generally are stated to be fairly good but it is apparent that much of the older property is suffering from the years of neglect since 1939, their state of repair leaving much to be desired. There are thousands of terraced houses, mostly a legacy of the late 19th century, which are still structurally sound but their standard of natural illumination and air space is low and only a small proportion even now are equipped with fixed baths and hot-water systems. Were it not for the acute shortage of housing, large numbers would undoubtedly be demolished as unfit for human habitation. The prevailing defects reported are dampness and lack of repair work, whilst in areas embraced by the Lancashire coal-fields mining subsidence is responsible for much structural damage.

Back-to-back houses number 8,000 to 8,500 and there are reported to be more than 1,000 back-to-earth houses. In addition there are approximately 1,500 other houses without through ventilation. Here again, owing to the housing shortage, programmes of clearance or conversion are not yet possible. The greater part of the Administrative County is relatively free from this type of house, more than half the total number being confined to four or five districts.

Local reports indicate that approximately 5,000 houses are without an adequate internal water supply and an estimated 13,000 to 14,000 have no separate water closet or other adequate sanitary accommodation.

Table 6, pages 149 to 154, compiled from information supplied by local medical officers of health, gives some indication of housing activities in the various urban and rural districts of the County during 1953, together with the steps taken to remedy such property as was found not to be in all respects reasonably fit for human habitation. In all, 58,036 houses were inspected under the Public Health or Housing Acts for housing defects, 127,651 inspections being made for the purpose. A total of 1,548 houses were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, whilst in addition 24,868 houses were found not to be in all respects reasonably fit. A total of 21,419 houses were rendered fit during the year in consequence of informal action by the local authorities or their officers.

Action under the Public Health and Housing Acts with respect to defective dwellings continues to be difficult, chiefly on account of the fact that, owing to the high cost of repair work and the control of rents at a low level, property owners in many instances are reluctant to do more than a minimum of repair work. Formal notices served in 1953 under sections 9, 10 and 16 of the Housing Act, 1936, requiring repairs to be effected, were reported to number 286. After formal notice 243 houses were rendered fit by the owners during 1953 and a further 75 were repaired by the local authorities in default of the owners. In addition, 3,672 notices were served under the Public Health Acts requiring defects to be remedied. During the year 3,365 houses were brought up to standard by the owners and a further 207 by the local authorities in default of the owners as a result of this form of action.

Proceedings under sections 11 and 13 of the Housing Act, 1936, during the year involved the making of demolition orders in respect of 280 houses and the demolition of 226 houses in pursuance of orders made.

A further 17 houses were closed or demolished under powers granted by a local Act.

CENSUS, 1951.—As mentioned in the first section of this Report the County Report for Lancashire on the Census, 1951, was published in the early part of 1954 and some of the more important findings thereof with regard to housing are outlined in the following paragraphs.



At the time of the census structurally separate dwellings in the Administrative County area, in the occupation of private households and vacant, numbered 616,925 of which 532,368 were in the urban areas and 84,557 were in the rural districts. The number of dwellings returned as wholly vacant was 12,253. The following statement, analysing the total structurally separate dwellings by number of rooms, shows that four-roomed dwellings accounted for the greatest proportion, closely followed by those having five rooms. For the purposes of the census the rooms counted were the usual living rooms, including bedrooms and kitchens but excluding sculleries, kitchenettes, landings, lobbies, closets, bathrooms or any warehouse, office or shop rooms.

<i>No. of rooms</i>	<i>No. of dwellings</i>	<i>Proportion (per cent.) of total</i>
1	2,008	0.3
2	14,068	2.3
3	59,872	9.7
4	249,117	40.4
5	215,394	34.9
6	48,638	7.9
7	15,913	2.6
8 or 9	9,238	1.5
10 or more	2,677	0.4
All sizes	616,925	100

Of the total of 604,672 occupied dwellings 12,688 were each occupied by two private households and 1,676 by three or more. In all, therefore, 2.4 per cent. of such dwellings were shared by more than one household. This proportion may at first seem surprisingly low in view of the fairly common practice of post-war years of young married couples living with parents. The answer lies, of course, in the definition of private households for the purpose of the census. These may broadly be regarded as comprising single persons living alone or groups of individuals voluntarily living together under a single ménage in the sense of sharing the same living room or eating at the same table; boarders and domestic servants are included in the household with which they were enumerated, as also are visitors. But a lodger or group of lodgers having or sharing separate accommodation to themselves should have been enumerated on separate schedules and are thus treated as separate private households, distinct from the main occupying household of the dwelling whether or not they rely on the latter for incidental service in the matter of room cleaning, food preparation, etc.

In all occupied dwellings there were enumerated 1,964,104 persons in 621,987 private households occupying 2,735,021 rooms. The average number of persons per room in the Administrative County area was therefore 0.72. Of the total private households 39.3 per cent. occupied four rooms, 33.4 per cent. occupied five rooms and 10.6 per cent. three rooms. In those dwellings occupied by more than one household, however, 82,960 persons occupied 81,807 rooms, giving an average of 1.01 persons per room, whilst of the 32,442 households involved 44.5 per cent. occupied two rooms, 24.2 per cent. occupied three rooms and 15.3 per cent. occupied one room only. As is to be expected, therefore, an appreciable increase in density of occupation is experienced in the shared dwellings.

In terms of average number of persons per room there was no great difference in standard between all dwellings in the rural districts of the County and those in the urban areas, the average in the former case being 0.71 and in the latter 0.72. In distribution of households by rooms occupied in all dwellings, however, only 48.4 per cent. of the households in the rural areas occupied less than five rooms as compared with 56.5 per cent. in the urban areas.

Applying similar consideration to shared dwellings the divergence of the averages becomes rather more marked, the number of persons per room in the rural districts being 0.98 and in the urban areas 1.02. In the former areas 56.9 per cent. of the households in shared dwellings occupied less than three rooms as compared with 60.1 per cent. in the latter.

Of all County districts Grange U.D. had the lowest density of occupation with 0.52 persons per room in all dwellings and 0.55 per room in shared dwellings. Aspull U.D. and Huyton-with-Roby U.D., each with 0.90 persons per room, showed the highest density in all dwellings.

In the Administrative County area 86.6 per cent. of all private households had densities of one person or less per room, the corresponding proportion in all the associated County Boroughs being 82.1 per cent. That considerable progress was made during the inter-censal period in eliminating the worst cases of overcrowding is evident. In 1951 the proportion of persons in private households living at densities of more than two per room was 1.48 per cent. in the Administrative County and 3.18 per cent. in the associated County Boroughs, compared with 4.86 per cent. and 7.91 per cent. respectively in 1931. Retrogression in this respect during the inter-censal period occurred in only five of the 109 County districts and in four of these the proportion of persons involved was less than two per cent. of the total in private households.

*Household arrangements.*—The following statement shows, in respect of all private households in the Administrative County, deficiencies ascertained during the census in household arrangements which nowadays are generally considered as standard requirements. The proportions quoted are percentages of the total households.

	Private households			
	Sharing with another household		Entirely without	
	No.	Per cent.	No.	Per cent.
Piped water .....	48,010	7.7	4,323	0.7
Cooking stove .....	23,208	3.7	11,973	1.9
Kitchen sink .....	24,574	4.0	2,525	0.4
Water closet .....	43,781	7.0	35,949	5.8
Fixed bath .....	23,143	3.7	219,900	35.4

The most striking feature of the above table is the absence of a fixed bath in more than one-third of the private households. Households having the exclusive use of all five arrangements amounted to 361,544 or 58 per cent. of the total, whilst 583,874 or 94 per cent. had the exclusive use of both cooking stove and kitchen sink.

The above figures do, of course, include households sharing the same dwelling and many of these are naturally compelled to share in some degree the common household arrangements. Such households do in fact constitute the majority of those shown as having shared arrangements as will be seen by a comparison of the first two columns of the above table with the following statement, which is confined to households in single-household dwellings.

*Private households in single-household dwellings sharing arrangements with another household*

	No.	* Per cent.
Piped water .....	22,373	3.8
Cooking stove .....	2,369	0.4
Kitchen sink .....	2,599	0.4
Water closet .....	18,940	3.2
Fixed bath .....	2,837	0.5

\* Of total private households in single-household dwellings.

As is to be expected by the elimination of households sharing a dwelling the proportionate reduction in the sharing of cooking stove, kitchen sink and fixed bath is very much greater than that of piped water supply and water closet.

HOUSING ACTS, 1936-52.—The Housing (Financial Provisions) Act, 1938, provided for County Councils to make annual contributions to County District Councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers.

This was followed by the Housing (Financial and Miscellaneous Provisions) Act, 1946, which provided that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25. 10s. as against the "general standard" amount of £16. 10s., the payment of annual contributions by County Councils to County District Councils shall be at the rate of £1. 10s. per house for 60 years from the date of completion, in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939. Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

On the 1st August, 1952, further amending legislation in the form of the Housing Act, 1952, was placed on the statute book which provided, *inter alia*, for further increases in the "special standard" and "general standard" exchequer contributions to £35. 14s. and £26. 14s. respectively in respect of houses completed after the 28th February, 1952, and an increased contribution of £2. 10s. by the County Council to County District Councils in respect of any such house for which the "special standard" amount is payable. The increased exchequer contributions of the "special standard" amount in respect of houses for the agricultural population are payable at the discretion of the Minister, and will be paid only in respect of houses provided in an isolated area in a small group of not more than eight houses.

During the financial year ended the 31st March, 1954, the total annual contributions (including arrears) paid by the County Council to District Councils under the above Acts amounted to £1,995. 10s. whilst the number of houses notified as completed during the year ended 31st March, 1954, and ranking for grant was as follows:—

	District	No. of houses
URBAN :		
Mossley M.B. ....		36
Rainford .....		2
RURAL :		
Lunesdale .....		1
TOTAL .....		39



HOUSING ACT, 1949.—One of the principal aims of this Act is that of promoting, through financial assistance, the improvement of housing accommodation. Under Part II of the Act a local authority may, subject to certain provisions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

During 1953 schemes submitted to local authorities numbered 72 and 38 were approved and submitted to the Ministry, together with three local authority schemes. The number of dwellings or other buildings involved was 89. During the year the Ministry approved 35 schemes (including two of local authorities) affecting 44 dwellings or other buildings.

## INSPECTION AND SUPERVISION OF FOOD

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**Milk Supply.**—The major functions of the County Council throughout 1953 in connection with milk supply related to the inspection and licensing of heat-treatment plants and premises within their area as a Food and Drugs authority. In addition, the County Council were concerned with the administration of the Milk and Dairies Regulations, 1949, in so far as they apply to the general sanitation of dairies or plant licensed by the Council, continued to be responsible for the supervision of the Milk in Schools Scheme and also discharged the functions of a County Council under section 8 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, in regard to the sale of tuberculous milk or milk from cows suffering from tuberculosis or any of the diseases set out in the Second Schedule of the Act. This Act also contains in section 9 provisions relating to the sale of milk not in a pure and genuine condition. Part II of the Act is concerned with regulations as to special designations of milk and provisions as to their use. The County Council, as Food and Drugs authority, are responsible for the enforcement of Part III relating to artificial cream, which may only be manufactured or kept for sale on premises registered by the Council.

**THE MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) ORDER, 1952.**—This order, made by the Minister of Food under section 23 of the above-mentioned Act, includes the urban districts of Huyton-with-Roby, Litherland and Prescot as forming part of a "specified area" where only milk of a special designation may be sold by retail for human consumption, and the County Council as Food and Drugs authority are responsible for enforcing the provisions of the Act relating to a "specified area" in these districts. In this connection 202 samples of milk (139 pasteurised and 63 sterilised) were obtained during 1953 from 26 retailers in the three districts and were submitted to the prescribed tests. The results showed that all the samples were properly heat-treated milk and therefore satisfactory.

**THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.**—During the year 1953 the County Council granted 22 dealer's (pasteuriser's) licences and one dealer's (steriliser's) licence in connection with premises and plant for the heat-treatment of milk in their area. The number of milk samples obtained from these plants and submitted to the prescribed tests was 609, of which three failed to pass the phosphatase test and two the methylene blue test. The conditions at the premises from which the unsatisfactory samples were obtained were investigated and subsequent samples proved satisfactory.

In the 15 County districts autonomous for Food and Drugs purposes the local authorities granted 10 dealer's (pasteuriser's) licences in respect of premises and plant used for the heat-treatment of milk. No dealer's (steriliser's) licences were issued.

The number of licences issued by all local authorities in the Administrative County area for the retail distribution of pasteurised milk was 1,809 and of sterilised milk, 4,123.

**THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.**—The numbers of dealer's licences, including supplementary licences, issued under these regulations during 1953 by all local authorities within the Administrative County area were 1,174 in respect of "Tuberculin Tested" milk and 59 in respect of "Accredited" milk.

**THE MILK AND DAIRIES REGULATIONS, 1949.**—According to reports of local medical officers of health regarding the registration of milk distributors, during 1953 there were registered 407 operating from dairies within the respective districts, 801 from dairy farms (excluding producer-retailers) within the districts and 3,799 from shops (other than dairies) in the districts. In addition, 732 registrations are reported by medical officers of health in respect of distributors operating from premises outside their respective districts. The total of all registrations does not, therefore, represent the actual number of distributors operating during the year by virtue of the registration of some distributors in more than one district.

**PROVISION OF MILK TO SCHOOL CHILDREN.**—The number of samples obtained on behalf of the County Council from school supplies and examined for the presence of tubercle bacilli was 199 and, of these, one (0.50 per cent.) was reported to be positive. The Ministry of Agriculture and Fisheries was notified and a veterinary inspection of the herd concerned was carried out. Arrangements were made for heat-treated milk to be supplied to the school concerned.

In co-operation with the Area Milk Officer of the Ministry of Food the policy continued to be pursued of providing Heat-treated or Tuberculin Tested milk to schools in the County area. At the end of the year the number of schools still being supplied with raw undesignated milk was 22.

**PROVISION OF MILK TO DAY NURSERIES.**—The regular sampling of milk supplies to day nurseries resulted in 168 samples being obtained during the year. Of these, 160 samples of heat-treated or pasteurised milk were submitted to the phosphatase and methylene blue tests. Nine failed to pass the tests but subsequent samples taken from the unsatisfactory supplies proved satisfactory. None of the eight samples submitted to the inoculation test was found to contain tubercle bacilli.



SAMPLING BY LOCAL AUTHORITIES.—The numbers of milk samples reported to have been taken during 1953 by officers of the local authorities within the Administrative County area and submitted to various tests are set out below, together with the results of such tests and the corresponding figures for the previous year:—

	1952		1953	
	No. of samples	No. unsatisfactory	No. of samples	No. unsatisfactory
<i>Heat-treated milk—</i>				
Tuberculosis—biological test .....	132	nil	150	nil
“Pasteurised”—				
Phosphatase test .....	1,895	52	1,821	27
Methylene blue reduction test.....	1,864	40	1,736	45
“Sterilised”—				
Turbidity test .....	238	nil	294	1
<i>Raw milk—</i>				
Tuberculosis—biological test .....	3,283	104 (positive)	3,431	128 (positive)
Methylene blue reduction test.....	3,162	472	3,233	596
Bacteriological (B. Coli.) examination .....	1,197	132	1,195	130
Sediment test .....	130	5	124	3

In accordance with the provisions of Part IV of the Agriculture Act, 1937, particulars of all positive results of tests for tuberculosis are forwarded by medical officers of health to the appropriate divisional inspector of the Ministry of Agriculture and Fisheries, who arranges for veterinary inspections to be carried out at the farms concerned to eliminate any affected cattle. The number of such inspections made during 1953 at farms within the County area was 190, in respect of 128 positive cases, and as a result 78 animals were seized under the Tuberculosis Order, 1938. In 26 cases the inspection results were negative, no animals being seized, and in 31 cases negative results were reported where animals had been sold prior to the investigation.

**Meat and Other Foods.**—Regular inspection of food shops, stalls and vehicles, places where food is prepared and slaughter-houses where such exist is reported to have continued in all districts throughout the year. As nearly as can be ascertained from information supplied by medical officers of health, some of which was acknowledged to be approximate or incomplete, there were some 7,200 grocers and provision dealers in the County area at the end of 1953, some 1,500 greengrocers and fruiterers (including those selling wet fish), over 300 fishmongers (including sellers of poultry and game), 2,200 meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.), 2,400 bakers and/or confectioners, 1,500 fried fish and chip shops, 1,200 shops selling mainly sugar confectionery, chocolates, minerals, etc., and some 3,400 licensed premises, canteens, restaurants, clubs, cafes, snack bars and similar catering establishments. Approximately 1,000 more food premises were reported which were not classifiable under the above general headings.

Co-operation by traders with the local inspectors continued to be good and informal action generally sufficed to have any shortcomings remedied. Instances of legal action were reported, however, at Colne M.B. (three cases), Huyton-with-Roby U.D. (two cases), Ramsbottom U.D., Stretford M.B. (two cases) and Swinton and Pendlebury M.B. (four cases). Convictions were secured in all but two of the cases (at Colne), which were dismissed after warnings to exercise more care in the protection of food in open-fronted shops.

Inspection of animals after slaughter at the regionalised public abattoirs is complete and thorough, the inspectors of the districts served often taking their part, on a rota system, in this work. The few slaughter-houses which do exist independently in the County area were mainly used during 1953 for the slaughter under licence of pigs for human consumption but not for sale. In such cases every effort was made by the local inspectors to examine carcasses after slaughter, and this was usually done at the request of the owner. Ante-mortem inspection of animals appears mainly to have been limited to the large public abattoirs.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1953, together with the numbers and results of inspections carried out. The number of pigs killed includes “self-suppliers” pigs known to have been slaughtered, but there were, no doubt, many in addition which were not brought to the notice of the local authorities. It is, unfortunately, not possible to give separately the particulars relating to cows and to cattle excluding cows.

*Carcases Inspected and Condemned, 1953*

	Cattle including cows	Calves	Sheep and lambs	Pigs
Number killed .....	37,030	18,433	142,041	115,110
Number inspected .....	37,075	18,433	142,059	115,163
<i>All diseases except tuberculosis—</i>				
Whole carcasses condemned .....	201	966	368	343
Carcasses of which some part or organ was condemned .....	11,745	724	12,451	5,511
Percentage of the number inspected affected with disease other than tuberculosis .....	32.2	9.2	9.0	5.1
<i>Tuberculosis only—</i>				
Whole carcasses condemned .....	435	34	—	350
Carcasses of which some part or organ was condemned .....	7,593	4	—	3,796
Percentage of the number inspected affected with tuberculosis .....	21.7	0.2	nil	3.6

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947-52.—Regular visiting of premises for the purposes of sampling, temperature recording, inspection of equipment and explanation of the regulations is reported to have taken place in almost all County districts during 1953. At Orrell U.D. extensive enquiries and investigations were found necessary at one manufacturing establishment to ascertain the reason for repeated low bacteriological grading of ice-cream samples. In Wigan R.D. permission to store and sell ice-cream was refused in one case because of unsatisfactory premises. Otherwise, the standards of production and storage required by the regulations would appear to have been maintained in all premises.

FOOD AND DRUGS ACT, 1938, SECTION 14; LANCASHIRE COUNTY COUNCIL (RIVERS BOARD AND GENERAL POWERS) ACT, 1938, SECTIONS 115 AND 116, AND THE LANCASHIRE COUNTY COUNCIL (GENERAL POWERS) ACT, 1951, SECTION 14.—According to information received from local medical officers of health 7,285 food premises were registered under this and other relevant local legislation during 1953. The majority, numbering 4,623, were in respect of the manufacture and/or storage and sale of ice-cream and a total of 7,202 visits of inspection were made to such premises. Registered premises for the preparation or manufacture of sausages, or potted, pressed, pickled or other preserved food numbered 1,694 and visits thereto during the year numbered 4,698. Premises used by hawkers or street vendors for the storage of food were registered in 313 instances, the number of inspections being 673. Registrations of various other types of food premises totalled 655, and visits of inspection thereto 1,593.

CLEAN FOOD.—Byelaws relating to the handling and storage of food intended for sale, based on the model issued by the Minister of Food in 1949, are reported by medical officers of health to have been in operation in 95 County districts by the end of 1953. Few specific clean food campaigns were undertaken during the year but sustained efforts continued to be made by most local councils and their officers to ensure that the law was complied with and, equally important, that the protection of food from any form of contamination should become a natural and automatic procedure of persons engaged in its preparation and distribution. Propaganda to this end included, in addition to the regular visiting of food premises for the purpose of inspection and giving of advice, lectures on various aspects of food preparation and distribution, either individually or in courses, film shows, the issue of posters and literature on the subject and liaison with trade associations in the form of Clean Food Associations or Guilds.

Food Poisoning.—The total number of cases of food poisoning in 1953, including non-notified cases ascertained during investigations, was the highest recorded in the Administrative County for any post-war year. The 1,376 cases were 538 more than the previous highest total of 838 in 1949. Deaths associated with these cases numbered five, though in one case food poisoning was only a factor contributing to death and not the classifiable cause.

By far the largest outbreak involved 801 cases, with four deaths, and covered no less than 26 districts. Two other large outbreaks accounted for 152 cases in five districts and 64 in eight districts. A further 199 cases were involved in 25 outbreaks (an outbreak being defined in this instance as the whole of the cases, being more than one in number, either probably or certainly derived from a single contaminating or infecting source) usually few in number and limited to single districts.

The remaining 160 cases were apparently isolated and unrelated.

Brief particulars of each outbreak, including such information on the organisms or other agents responsible and the foods involved as is available, are given in the following tabular statement:—

District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved
Adlington U.D. ....	1	—	} <i>Salmonella bovis-morbificans</i> ..... Meat pies.	
Billinge and Winstanley U.D. ....	1	—		
Chorley M.B. ....	20	—		
Fleetwood M.B. ....	55	—		
Fulwood U.D. ....	30	1		
Haslingden M.B. ....	2	—		
Hindley U.D. ....	3	—		
Ince-in-Makerfield U.D. ....	1	—		
Kirkham U.D. ....	16	—		
Lancaster M.B. ....	79	1		
Leyland U.D. ....	29	—		
Longridge U.D. ....	4	—		
Lytham St. Annes M.B. ....	88	—		
Morecambe & Heysham M.B. ....	29	1		
Poulton-le-Fylde U.D. ....	15	—		
Rishton U.D. ....	1	—		
Standish-with-Langtree U.D. ....	2	—		
Thornton Cleveleys U.D. ....	44	—		
Walton-le-Dale U.D. ....	77	—		
Chorley R.D. ....	17	—		
Fylde R.D. ....	64	—		
Garstang R.D. ....	21	—		
Lancaster R.D. ....	20	1		
Lunesdale R.D. ....	7	—		
Preston R.D. ....	172	—		
West Lancashire R.D. ....	3	—		
TOTAL	801	4		



District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved
Church U.D. ....	3	—	} <i>Salmonella typhi-murium</i> .....	Meat pies.
Fleetwood M.B. ....	3	—		
Kirkham U.D. ....	14	—		
Leyland U.D. ....	5	—		
Walton-le-Dale U.D. ....	19	—		
Chorley R.D. ....	3	—		
Fylde R.D. ....	11	—		
Preston R.D. ....	6	—		
TOTAL .....	64	—		
Lancaster M.B. ....	106	—	} <i>Salmonella typhi-murium</i> .....	Cooked pressed meats.
Morecambe & Heysham M.B. ....	22	—		
Garstang R.D. ....	1	—		
Lancaster R.D. ....	19	—		
Lunesdale R.D. ....	4	—		
TOTAL .....	152*	—		
Crompton U.D. ....	20	—	<i>Salmonella typhi-murium</i> .....	Not ascertained.
Farnworth M.B. ....	7	—	<i>Salmonella typhi-murium</i> .....	Duck eggs (suspected).
	3	—	Not ascertained .....	Not ascertained.
	2	—	<i>Salmonella enteritidis</i> .....	Not ascertained.
Fulwood U.D. ....	3	—	Not ascertained .....	Not ascertained.
	2	—	<i>Salmonella typhi-murium</i> .....	Duck eggs (suspected)
Leyland U.D. ....	33	—	Not ascertained .....	Same lunch—actual vehicle not ascertained.
	3	—	Not ascertained .....	Baked beans, tinned peas.
Lytham St. Annes M.B. ....	5	—	<i>Staphylococcus aureus</i> .....	Pressed beef.
Middleton M.B. ....	7	—	<i>Salmonella typhi-murium</i> .....	Not ascertained.
	2	—	<i>Salmonella typhi-murium</i> .....	Not ascertained.
Morecambe & Heysham M.B. ....	3	—	<i>Salmonella typhi-murium</i> .....	Not ascertained.
Nelson M.B. ....	3	—	<i>Salmonella organisms</i> .....	Not ascertained.
Orrell U.D. ....	11	—	<i>Staphylococcus pyogenes</i> .....	Canned ox-tongue.
Royton U.D. ....	20	—	<i>Salmonella typhi-murium</i> .....	Not ascertained.
Stretford M.B. ....	32	—	Not ascertained .....	Same lunch—actual vehicle not ascertained.
Thornton Cleveleys U.D. ....	2	—	<i>Salmonella thompson</i> .....	Chicken and onion stuffing sandwich (suspected).
Tyldesley U.D. ....	4	—	Not ascertained .....	Pressed meat.
Walton-le-Dale U.D. ....	2	—	<i>Salmonella typhi-murium</i> .....	Not ascertained.
Worsley U.D. ....	4	—	Not ascertained .....	Not ascertained.
Garstang R.D. ....	4	—	<i>Salmonella bovis-morbificans</i> and <i>salmonella typhi-murium</i> .....	Pork (suspected).
	5	—	Not ascertained .....	Not ascertained.
Lancaster R.D. ....	4	—	<i>Salmonella typhi-murium</i> .....	Not ascertained.
Warrington R.D. ....	4	—	<i>Salmonella typhi-murium</i> .....	Meat pies.
	14	—	<i>Staphylococcus pyogenes</i> .....	Trifle, custard, artificial cream in cakes (suspected).

\* Including non-notified cases ascertained during investigations.

Of the 160 isolated cases the responsible organisms in 37 were of the salmonella group, including three of salmonella bovis-morbificans, 21 of salmonella typhi-murium (the foods involved being unascertained in all but two cases—one due to meat pie and another to Canadian tinned chicken), two of salmonella enteritidis (one being of the jena variety—meat pie suspected), one of salmonella bareilly and one of salmonella thompson. *Staphylococcus aureus* was responsible in a further three cases (potted meat and pressed beef being the vehicles in two) and *staphylococcus pyogenes* in another (butter beans). One of the cases of salmonella typhi-murium was only ascertained by post-mortem examination. A full investigation was made but the results were inconclusive.

In the remaining 119 isolated cases the responsible agents were not ascertained.

The largest and most serious of the outbreaks started on the 12th June, 1953, as a result of the consumption of meat pies manufactured at a large bakery in the Administrative County area. The number of pies made by this firm during the critical period approximated to 6,000 and these were distributed to shops, etc., over a wide area. In addition to the 801 cases of illness shown in the statement above as having followed the consumption of these pies there were also some 400 cases in neighbouring County Boroughs. As stated earlier, in one of the four deaths which subsequently occurred food poisoning was only a contributory cause to which the death would not be classifiable. The outbreak was first brought to the notice of the health authorities by the illness of a number of employees at a rubber works and persons who had attended a tennis tournament where they had partaken of light refreshments. An item of food common to all cases was meat pies manufactured at the same source. The medical officer of health of the district concerned consulted the bakery management who were most co-operative, and the manufacture of meat pies and cream confectionery was immediately suspended. Measures for preventing the spread of infection were put into operation and the Ministry of Health was notified. Investigations revealed the presence of the organism salmonella bovis-morbificans in meat pies which had been recovered and also in specimens taken from persons who were ill. The source of contamination of the pies, however, was not definitely established.

The outbreak of food poisoning in the Lancaster area commenced early in July and ultimately involved 152 cases. Investigation showed that there was a common source of infection—cooked meat prepared at premises in the City of Lancaster. Samples of cooked meat from these premises and from shops owned by the same firm were submitted for bacteriological examination and showed the meat to be infected with the organism *salmonella typhi-murium*. A similar organism was isolated from specimens obtained from persons who were ill. Production of cooked meat at the premises was suspended and all unsold supplies in the shops were withdrawn. All employees whose faecal samples gave positive results were immediately suspended from work and were not allowed to return until they were proved to be free from infection. At the request of the medical officer of health the owners of the premises agreed to effect various improvements in the conditions under which the meat was prepared, cooked and stored, and the entire premises were thoroughly cleansed and disinfected. The outbreak terminated in the first week of August.

**Food and Drugs.**—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C.:—

The Food and Drugs Act, 1938, came into operation on the 1st October, 1939. Many of its provisions are still in force although some have been amended directly or indirectly by the Pharmacy and Medicines Act, 1941, the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, and by the long list of food regulations made by the Minister of Food during and subsequent to the war. Further important amendments are foreshadowed in the Bill which was placed before Parliament during the year under review.

The year 1953 saw the relaxation of many of the price and other controls on food exercised by the Ministry of Food and many of the Regulations made during the year had this object in view; nevertheless, a number of new Regulations affecting the composition of food were also made. The following list contains some of the more important of these from the point of view of the Public Analyst:—

- The Meat Products (No. 3) Order, 1952.
- The Canned Corned Meat (Prices) Order, 1953.
- The Offals in Meat Products Order, 1953.
- The Oils and Fats Order, 1953.
- The Oils and Fats (Amendment) Order, 1953.
- The Oils and Fats (No. 2) Order, 1953.
- The Labelling of Food Order, 1953, as amended.
- The Cream and Use of Milk (Revocation) Order, 1953.
- The Food Standards (Preserves) Order, 1953.
- The Food Standards (Preserves) (Amendment) Order, 1953.
- The Food Standards (Ice-cream) Order, 1953.
- The Food Standards (Soft Drinks) Order, 1953.
- The Food Standards (Saccharin Tablets) Order, 1953.
- The Artificial Sweetness in Food Order, 1953.
- The Flour Order, 1953.
- The Public Health (Preservatives, etc., in Food) (Amendment No. 2) Regulations, 1953.
- The Public Health (Condensed Milk) (Amendment) Regulations, 1953.

**FOOD AND DRUGS SAMPLES.**—Section 68 (1) of the Food and Drugs Act, 1938, authorises arrangements to be made for the taking of samples for analysis by the Public Analyst. It reads:—

“An authorised officer of a Food and Drugs Authority . . . may exercise such powers of procuring samples of food and drugs for analysis . . . as are conferred upon him by this section, and any such officer is in this Act referred to as a ‘Sampling Officer’.”

In the County of Lancaster this work is carried out by four Assistant County Sanitary Officers, each of whom procures samples in his own area of the County.

The number of food and drugs samples submitted by the County Sanitary Officers during the year 1953 was 8,635, as against 8,622 during the previous year and 8,501 in the year 1951. The rate of samples per 1,000 of the population was 5.98 in the year under review, 5.99 in 1952 and 5.89 in 1951. The number of County food and drugs samples has, therefore, been maintained above the level reached in 1947 (6,819) and the figure for 1953 was slightly higher than the corresponding figure for any previous year in the history of the County Laboratory.

#### *Total Adulteration.*

During the year under review, of the 8,635 samples of food and drugs submitted for examination under the Act, 386 were reported upon adversely; the total adulteration was, therefore, 4.5 per cent. This represents a slight decrease compared with the percentage of adulteration for the previous year (1952) when the figure was 4.7 per cent.

In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during this period the lowest figure was 4.5 which was reached during the years 1950 and 1953, and that the average figure was 5.5 per cent., so that the percentage of adulteration for the year 1953, which was 4.5, was appreciably lower than that of the average for the past 10 years, and was also for the second time the lowest since the year 1944. In general, the adulteration during and subsequent to the war has been considerably greater than that found in the preceding years; while the figure for the year under review cannot be regarded as unsatisfactory when compared with the figures for the last 10 years, it is, however, still higher than the adulteration rate for the 10 years 1929-38, which preceded the war, when the percentage adulteration varied from 2.6 to 4.2.



*Percentage of Adulteration of County Samples of Food and Drugs, 1944-53*

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1944	1,816	163	9.0
1945	1,731	138	8.0
1946	4,122	315	7.6
1947	6,819	477	7.0
1948	6,958	399	5.7
1949	7,700	408	5.3
1950	8,104	363	4.5
1951	8,501	412	4.8
1952	8,622	404	4.7
1953	8,635	386	4.5
1944-53	63,008	3,465	5.5

*Analysis.*

The point raised in the preceding paragraph is perhaps brought out more clearly in the table below where the percentage of adulteration over the last 10 years is given side by side with the various types of samples and with the number of samples taken per 100,000 of the population. During the war years the rate of sampling dropped very considerably; in fact for the years 1942 to 1945 inclusive it was less than half that for the years immediately prior to the war. The total number of samples and the number of samples per 100,000 of the population for the year under review have been well maintained at the level reached during 1947 and the figures for the last seven years are much higher than the corresponding figures for any previous year in the history of the County Laboratory.

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Percentage of adulteration	9.0	8.0	7.6	7.0	5.7	5.3	4.5	4.8	4.7	4.5
Total samples	1,816	1,731	4,122	6,819	6,958	7,700	8,104	8,501	8,622	8,635
Formal samples	912	870	1,648	2,318	2,478	3,011	2,798	2,751	2,654	3,220
Informal samples	904	861	2,046	3,821	3,953	4,254	4,858	5,184	5,313	4,761
Private samples	—	—	428	680	527	435	448	566	655	654
Number of samples per 100,000 of the population	136	135	321	505	504	546	566	589	599	598

**MILK.—Adulteration.**—The number of milk samples submitted under the Food and Drugs Act during the year was 5,872 and, of these, 281 were reported against; the amount of adulteration was, therefore, 4.8 per cent. This figure as will be seen from the following table is lower than the average for the last 10 years and is also lower than that for any previous year included in the table.

*Percentage of Adulteration of Milk Samples, 1944-53*

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1944	1,197	135	11.3
1945	1,096	111	10.1
1946	2,669	272	10.2
1947	4,515	393	8.7
1948	4,464	293	6.6
1949	5,157	301	5.8
1950	5,324	285	5.3
1951	5,811	291	5.0
1952	5,804	298	5.1
1953	5,872	281	4.8
TOTALS	41,909	2,660	6.3

Average Composition.

Genuine milk has not always the same composition. There are variations which are natural in the amount both of fat and solids-not-fat in milk as drawn from the cow, and therefore it becomes a matter not only of interest, but also of importance and significance, to know the average values for these two constituents. This information is given for the year 1953 in the following table, where it will be seen that the average figures for fat are 3·68 per cent., for solids-not-fat 8·68 per cent., and for total solids 12·36 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all samples of milk received; that is to say, there are included all adulterated samples and, further, all appeal-to-cow samples, whether they were above or below the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. The figures for average composition calculated on this basis will, therefore, tend to be somewhat lower than those for genuine milk sold in the County.

Average Composition of Milk, 1953

Month	No. of samples*	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
January .....	1,595 { 546	3·60 { 3·66	8·62 { 8·66	12·22 { 12·32
February .....				
March .....				
April .....	1,458 { 523	3·54 { 3·56	8·67 { 8·60	12·21 { 12·16
May .....				
June .....				
July .....	1,378 { 534	3·68 { 3·63	8·70 { 8·68	12·38 { 12·31
August .....				
September .....				
October .....	1,491 { 580	3·88 { 3·92	8·75 { 8·82	12·63 { 12·74
November .....				
December .....				
Whole year .....	5,922	3·68	8·68	12·36

\* Includes Appeal-to-Cow samples.

The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that May has the lowest figure, 3·50 per cent., and November the highest, 3·95 per cent. In respect of solids-not-fat, the lowest figure was obtained in March, 8·58 per cent., and the highest in October, 8·82 per cent. These variations, particularly in respect of fat content, have been the general experience for many years, the fat content usually being at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the early months of the year.

In the following table the average composition of all the milk samples examined is set out for the period 1910-53. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8·55 per cent. being obtained in the year 1943. The average for solids-not-fat for the year under review was 8·68 per cent. In addition to other possible causes for this decrease it should be remembered, however, that seven of the 13 years during which the average solids-not-fat have been lower than formerly were years which showed a high rate of adulteration. Since the year 1943 there has been a tendency for solids-not-fat to show an upward trend but they are still appreciably below the pre-war figures.



## Average Composition of Milk Samples, 1910-53

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-30	56,028	3.67	8.90	12.57
1931	3,090	3.84	8.81	12.65
1932	3,205	3.77	8.85	12.62
1933	3,060	3.76	8.82	12.58
1934	3,310	3.74	8.81	12.55
1935	3,422	3.75	8.84	12.59
1936	3,098	3.73	8.88	12.61
1937	3,278	3.74	8.84	12.58
1938	3,398	3.70	8.78	12.48
1939	3,128	3.67	8.78	12.45
1940	2,144	3.70	8.79	12.49
1941	1,866	3.70	8.64	12.34
1942	1,516	3.75	8.66	12.41
1943	1,489	3.70	8.55	12.25
1944	1,197	3.69	8.57	12.26
1945	1,096	3.72	8.57	12.29
1946	2,776	3.75	8.58	12.33
1947	4,625	3.75	8.63	12.38
1948	4,523	3.67	8.64	12.31
1949	5,210	3.66	8.65	12.31
1950	5,362	3.68	8.67	12.35
1951	5,839	3.67	8.65	12.32
1952	5,844	3.67	8.68	12.35
1953	5,922	3.68	8.68	12.36
1910-53	134,426	3.72	8.85	12.57

ARTICLES OTHER THAN MILK.—*Adulteration*.—During the year under review, 2,763 samples other than milk were examined on behalf of the County Council. Of these, 105 were reported against, corresponding to an adulteration rate of 3.8 per cent., the same as that obtained in the year 1952. The percentage of adulteration in articles other than milk was, as is usual, also lower than that for milk, viz., 4.8 per cent. The numbers of unsatisfactory ice-cream and sausage samples and samples whose labels did not conform with the requirements of the Labelling of Food Order still remain relatively high.

PROSECUTIONS.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration may be due to long storage or adulteration may be brought about by the action of some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples vendors are sometimes cautioned and subsequent samples then frequently prove to be genuine; in other instances dairies are visited by the County Sanitary Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender for destruction of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year a total of 386 County food and drugs samples were reported upon adversely and in respect of 43 of these prosecutions were instituted, 39 in respect of milk samples, one in respect of brown bread, one in respect of potted shrimps and two in respect of sausages. In addition there were nine prosecutions for obstructions, one for failing to mark a receptacle "Separated Milk" and one for carrying a swill bin in a vehicle used for conveyance of milk at a time when milk was being conveyed therein. There were 53 convictions in all and in the one remaining instance, which was one of obstruction, the case was withdrawn owing to the continued ill-health and age of the defendant. The total fines and costs during the year amounted to £576. 12s. 8d., a figure which is the second highest since the year 1948.

ICE-CREAM.—The first Standards Order for ice-cream was made in March, 1951, but due to shortages of fats and milk powder it was found impossible to maintain the standards then formulated without reducing supplies of ice-cream. The Minister of Food, therefore, introduced, as a temporary measure, reduced standards for fat and milk solids other than fat in July, 1952. During the year under review, however, the supply position improved again and the Food Standards (Ice-cream) Order, 1953, which came into operation on the 1st June, 1953, restored the original standards fixed in the year 1951. It should be remembered that even these standards are not ideal and when they were originally recommended by the Food Standards Committee of the Ministry of Food the Committee considered that the standards should be amended and progressively improved as supplies of ingredients became more plentiful. Furthermore, the Committee considered that the description "ice-cream" should eventually be restricted to a dairy product containing a high proportion of milk solids.

The present standard for ice-cream contained in the Schedule to the 1953 Order is as follows:—

- "1. Ice-cream shall contain not less than 5 per cent. fat, 10 per cent. sugar and  $7\frac{1}{2}$  per cent. milk solids other than fat:  
Provided that—
  - (i) ice-cream containing any fruit, fruit pulp or fruit purée shall either conform to the standard set forth above or, alternatively, the total content of fat, sugar and milk solids other than fat shall be not less than 25 per cent. of the ice-cream including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of fat, sugar and milk solids other than fat shall include not less than  $7\frac{1}{2}$  per cent. fat, 10 per cent. sugar and 2 per cent. milk solids other than fat:
  - (ii) "Parev" (kosher) ice sold, offered or exposed for sale under that description shall contain not less than 10 per cent. fat and not less than 14 per cent. sugar, and the standard for ice-cream set forth above shall not apply to this product.
2. For the purpose of the standards prescribed above "sugar" means sucrose, invert sugar or the solids of any sweetening material derived from starch so however that no ice-cream shall contain less than  $7\frac{1}{2}$  per cent. sucrose.
3. Each reference in this Schedule to any proportion or percentage means that proportion or percentage by weight."

Although there was a lower fat standard in operation during part of the year under review it should be noted that the improvement in the fat content of ice-cream found over the previous five years, is still being maintained. A perusal of the table below shows that the average fat content in 1946 was only 2·3 per cent. whereas in 1952 it was 9·0 per cent. and in the year under review 8·6 per cent. Furthermore, the lowest fat content during 1952 was 2·0 per cent. and in 1953 2·5 per cent. whereas in the four years 1946 to 1949 fats as low as 0·3 and even 0·1 per cent. were found.

The average fat content of ice-cream has risen very considerably since 1946, but the big increases noted since 1948 were in the first place due to the action of the Ministry of Food in allocating from November, 1948, additional supplies of sugar and in certain cases fats to those ice-cream manufacturers who at that time undertook to include at least 2·5 per cent. fat in their ice-cream. This step to increase the quality of ice-cream was taken more than two years before the first statutory standard for ice-cream was made.

During the year 1953, 130 samples of ice-cream were submitted for chemical analysis, 73 by County Sanitary Officers and 57 by autonomous Food and Drugs Authorities. Although no harmful ingredients were found in any of the samples, 17 (11 County and 6 from autonomous authorities) did not comply with the Food Standards (Ice-cream) Orders. In the year 1952, 17 samples were also reported upon adversely. Of the 11 County samples nine were deficient in fat, one in both fat and milk solids other than fat, and one in milk solids other than fat. In the case of the six samples from autonomous authorities five were deficient in fat and one in both fat and milk solids other than fat. Successful legal proceedings were instituted in respect of one sample seriously deficient which was submitted by an autonomous authority.

The average figures found for the 130 samples were:—total solids 32·7 per cent. (maximum 42·3; minimum 23·3) and for fat content, 8·6 per cent. (maximum 15·2; minimum 2·5). These figures as will be seen from the following table, which includes figures for the last eight years, show that the big improvement noted in the year 1950 has been maintained. It will be remembered that prior to the war a figure of eight per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review, notwithstanding the relative shortage of fats, particularly early in the year, 82 samples out of the total of 130 showed fat contents varying from 8·1 per cent. to 15·2 per cent.

*Ice-cream*

Year	No. of samples	Fat content average %	Total solids average %	Highest fat %	Lowest fat %	Highest total solids %	Lowest total solids %
1946	45	2·3	22·5	10·7	0·1	36·8	13·3
1947	59	3·0	23·6	10·6	Less than 0·1	39·2	14·1
1948	53	3·9	25·3	11·3	0·1	33·4	18·9
1949	171	6·4	29·3	13·3	0·3	45·9	14·7
1950	186	8·5	32·1	14·7	2·2	43·0	20·1
1951	230	8·6	32·6	15·6	3·3	40·7	23·0
1952	143	9·0	32·8	13·7	2·0	40·0	19·6
1953	130	8·6	32·7	15·2	2·5	42·3	23·3

ICE LOLLIES.—During the year under review 39 samples of ice lollies were submitted for examination under the Food and Drugs Acts. Of these samples 31 were submitted by County Sanitary Officers and eight by autonomous Food and Drugs authorities. Unlike ice-cream there is no statutory standard for the composition of ice lollies. They are specifically excluded from the provisions of the Food Standards (Ice-cream) Order, while the Food Standards (Soft Drinks) Order refers only to liquid soft drinks although ice lollies are, in general, similar in composition to soft drinks.



The 39 samples were all free from prohibited colours and from excessive quantities of preservative; in only one instance was an excessive quantity of any toxic metal found, viz., lead, and a letter of caution was sent to the manufacturer who has since renewed equipment which could have given rise to lead contamination. No significant amount of arsenic was found in any sample. In three instances concerning pre-packed ice lollies the labels did not comply with the requirements of the Labelling of Food Order; the manufacturers of these samples were also communicated with.

The total solids (sugars, etc.) in the samples ranged from as little as 0.7 per cent. to as much as 31.2 per cent., this last figure being given by a sample which contained chocolate ice-cream. The highest figure for samples which did not contain ice-cream was 20.7 per cent. (in the year 1952 the lowest total solids was 0.56 per cent. and the highest 21.0 per cent.). The average total solids calculated for all 37 samples on which it was possible to carry out a detailed analysis was 9.0 per cent., while the average total solids excluding two samples which contained ice-cream or milk was 8.0 per cent.

The sample submitted as a milk ice lolly contained the equivalent of 52 per cent. of milk, had a fat content of 1.64 per cent. and total solids of 20.7 per cent. The ice lolly containing chocolate ice-cream contained 8.1 per cent. fat, 6.3 per cent. milk solids other than fat and 31.2 per cent. total solids.

Evidence of the presence of fruit juice was obtained in 18 out of 37 samples; 11 of the 37 samples did not contain saccharin (in the year 1952, of the 20 samples examined, only one was devoid of saccharin).

To sum up, therefore, there was little difference in composition between the samples examined in the year 1953 as compared with those examined in 1952 except that in 1953 there was a reduction in the proportion of samples found to contain saccharin. In both years the total solids found in different samples showed wide variations.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

**Public Health (Infectious Diseases) Regulations, 1953.**—These regulations, which came into operation on the 1st April, 1953, superseded the Public Health (Infectious Diseases) Regulations, 1927, and the Infectious Diseases (London) Regulations, 1927. They correspond with the revoked regulations in requiring notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and in prescribing action, in conformity with the present working of the health services, in relation to certain diseases named in the fourth schedule. They amplify, however, the precautionary measures provided for in the revoked regulations against food poisoning—

(i) by relating these (instead of to enteric fever and dysentery, as formerly) to typhoid fever, paratyphoid fever or other salmonella infections (which includes the diseases previously known as enteric fever), dysentery and staphylococcal infection likely to cause food poisoning;

(ii) by applying these measures in general to persons shown to be carriers of these diseases as well as to persons suffering from them;

(iii) by preventing such persons (in either class) not only from continuing employment involving the handling of food, as formerly, but also from entering such employment; and

(iv) by enabling a local authority to authorise the medical officer of health to issue notices in emergency, in order to check the spread of these diseases.

**Smallpox.**—Two cases of smallpox were notified in the Administrative County during 1953, compared with 19 in the previous year. Prior to 1952 the area had been entirely free from the disease for 13 years.

Both cases occurred in Bacup M.B., the first being a man aged 52 years who worked in a cotton mill at Todmorden in the West Riding of Yorkshire, where a case of smallpox had already been reported. He was admitted to hospital on the 12th March, where he died the following day. The second case was his widow, aged 48 years, who was admitted to hospital on the 25th March. These cases therefore had direct contact with the outbreak at Todmorden which investigation showed to be *variola major* of the severe eastern type.

Measures to prevent the spread of the disease were put into operation immediately the diagnosis was confirmed and no further cases were reported.

**Diphtheria.**—After the setback reported in 1952 to the rapid reduction of incidence of and mortality from diphtheria which has been experienced since the inception of the immunisation campaign, the trend was continued during 1953. The 18 cases of diphtheria notified in the Administrative County during the year 1953 were 54 less than the total for 1952 and 20 less than the previous lowest total recorded in 1951. The remarkable success of the immunisation campaign cannot be illustrated more simply or more clearly than by the following table which shows, since 1938, the annual totals of cases and deaths, together with the corresponding case mortality rate. A reference to the state of immunisation of the child population during the past few years is made on page 59.

Year	No. of cases	No. of deaths	Case mortality rate per cent.
1938	4,571	208	4.5
1939	3,297	157	4.7
1940	2,772	137	4.9
1941	3,354	183	5.4
1942	2,169	105	4.8
1943	1,760	69	3.9
1944	1,468	68	4.6
1945	1,137	52	4.5
1946	654	25	3.8
1947	327	12	3.6
1948	202	11	5.4
1949	84	5	6.0
1950	43	6	14.0
1951	38	1	2.6
1952	72	2	2.8
1953	18	2	11.1

Of the 18 cases notified in 1953 five occurred amongst children under five years of age, nine amongst those aged five years to 14 years inclusive and four amongst persons aged 15 years and over. Fifteen of the cases occurred in Huyton-with-Roby U.D.

The two deaths assigned to the Administrative County were of a pre-school child and a school child, neither of whom had been immunised.

The notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1953 and the preceding four years, together with the corresponding attack and case fatality rates in respect of those immunised and those not so protected, are shown in Table 17, page 165.



**Whooping Cough.**—There was a considerable increase in the notifications of whooping cough during 1953, which numbered 7,260, or 2,485 more than in the previous year. The 12 deaths ascribed to this cause were double the total for 1952 and were equivalent to a mortality rate of 0·006 per 1,000 of the estimated population.

**Measles (*excluding rubella*).**—The number of cases of measles notified during 1953 was 21,785, an increase of 5,588 over the total for the previous year and of 2,268 over the average of the preceding five years. The deaths registered as due to this cause numbered 12, or eight more than in 1952. Five of the deaths were of infants aged less than one year, five were of children aged one to four years and the remaining two were of school age. The total mortality rate was 0·006 per 1,000 of the estimated home population, the same as the provisional rate for England and Wales.

**Meningococcal Infection.**—There was an appreciable increase in the incidence of meningococcal infection in the Administrative County during 1953, the 64 cases notified being 27 more than the total for the previous year. There was, however, a reduction in the number of fatalities ascribed to this condition from 14 in 1952 to 11 in 1953. The resultant attack and mortality rates were respectively 0·03 and 0·005 per 1,000 of the estimated home population.

**Acute Poliomyelitis (*including polioencephalitis*).**—The 132 confirmed cases of acute poliomyelitis notified in the Administrative County during 1953 were considerably more than double the total (55 cases) for the previous year and 14 in excess of the average (118 cases) for the preceding five years, 1948-52. Of the 132 cases, 110 occurred in the urban areas and 22 in the rural districts. Fifty-eight County districts—slightly more than half the total—were, however, entirely free of the disease throughout the year.

Ninety-eight of the cases were confirmed as paralytic and 34 as non-paralytic. The ratio of paralytic to non-paralytic cases (2·9 : 1) was therefore lower than that recorded in the previous year (3·6 : 1) but higher than that in 1951 (2·5 : 1).

The number of deaths registered in 1953 as due to acute poliomyelitis and assigned to the Administrative County was eight, the same as in 1952. These corresponded to a mortality rate of 0·004 per 1,000 of the estimated home population as compared with one of 0·01 for England and Wales. All but one of the eight deaths occurred amongst the 132 cases notified during the year.

Throughout 1953 the procedure was continued whereby details of each notified case of acute poliomyelitis were obtained with a view to gaining some knowledge of the subsequent history of the case, and particularly of the effect functionally of the disease upon the individual. From the particulars obtained it was ascertained that nine of the 98 cases notified as paralytic died, giving a case mortality rate of 9·2 per cent. None of the 34 non-paralytic cases died and, in fact, all but one were reported to have recovered completely with no obvious residual defects. Of the 89 paralytic cases stated to have recovered only 38, or 38·8 per cent. of the total paralytic cases, made a complete recovery without functional limitations. The corresponding proportion in 1952 was 39·5 per cent. and in 1951 only 11·9 per cent. In the remaining 51 paralytic cases who recovered some functional limitation was evident and six months after the onset of the disease (when the follow-up in each case ceased) 45 of them were still receiving treatment. In this connection it should be borne in mind that in some of these cases full recovery may possibly occur at some later period but unfortunately it is impracticable to continue the follow-up indefinitely.

The table below classifies by sex and certain age groups the case incidence and mortality from the disease in 1953 and each of the three preceding years:—

Age group	Cases												Deaths											
	1950			1951			1952			1953			1950			1951			1952			1953		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	6	4	10	1	—	1	1	—	1	3	2	5	—	2	2	—	—	—	—	—	—	1	—	1
1—	33	34	67	19	10	29	13	5	18	15	22	37	1	—	1	2	—	2	—	—	—	2	—	2
5—	24	16	40	12	13	25	9	9	18	27	19	46	—	1	1	2	1	3	1	—	1	2	—	2
15—	29	14	43	16	12	28	11	7	18	30	14	44	8	6	14	4	1	5	5	2	7	3	—	3
All ages .....	92	68	160	48	35	83	34	21	55	75	57	132	9	9	18	8	2	10	6	2	8	8	—	8

Generally, as the table shows, the incidence of acute poliomyelitis has been greater amongst males than females. The ratio of male to female cases in 1953 was 1·3 : 1, the lowest since 1949. Prior to this the ratio had risen steadily from 1·0 : 1 in 1948 to 1·6 : 1 in 1952. It will also be seen that in 1953, contrary to the usual experience, the majority of deaths occurred in children under 15 years of age.

The following table gives particulars of the incidence of, and mortality from, acute poliomyelitis (including polioencephalitis) in the Administrative County from the last pre-war year up to and including the year 1953:—

Year	Estimated population	No. of cases notified	Attack rate per 10,000 population	No. of deaths registered	Mortality rate per 10,000 population	Case fatality rate per cent.
1938	1,880,600	24	0.13	7	0.04	29.2
1939	1,904,100	34	0.18	7	0.04	20.6
1940	1,900,870	83	0.44	9	0.05	10.8
1941	1,918,320	27	0.14	8	0.04	29.6
1942	1,885,600	25	0.13	8	0.04	32
1943	1,848,650	22	0.12	6	0.03	27.3
1944	1,837,800	13	0.07	2	0.01	15.4
1945	1,832,420	13	0.07	4	0.02	30.8
1946	1,924,880	22	0.11	7	0.04	31.8
1947	1,959,160	375	1.91	36	0.18	9.6
1948	2,007,150	59	0.29	10	0.05	16.9
1949	2,020,720	235	1.16	34	0.17	14.5
1950	2,047,010	160	0.78	18	0.09	11.3
1951	2,039,000	83	0.41	10	0.05	12.0
1952	2,043,900	55	0.27	8	0.04	14.5
1953	2,044,400	132	0.65	8	0.04	6.1

**Acute Encephalitis.**—Eight cases of acute encephalitis were notified in the Administrative County during 1953 of which six were infective and two post-infectious. Compared with the previous year this represents a decrease of one post-infectious case. All eight cases were males, three of the infective cases being children under five years of age and the two post-infectious cases children of school age.

**Scarlet Fever.**—The number of cases of scarlet fever notified during the year, 3,584, was 232 less than the total notified in 1952. The corresponding attack rate per 1,000 of the estimated home population was 1.75. Considerably more than a half of the total cases occurred amongst children aged five to nine years inclusive.

Unfortunately, following the changes in the Registrar-General's Short List of Causes of Death, it is not possible to give the number of deaths ascribed to this cause.

**Typhoid and Paratyphoid Fevers.**—There was a further decline in the incidence of typhoid and paratyphoid fevers in the Administrative County during 1953, the 11 cases notified being the lowest total ever recorded. The average annual number of cases notified during the preceding five years, 1948-52, was 52.

**Dysentery.**—The 899 cases of dysentery notified during 1953 represented a reduction of more than a quarter as compared with the exceptionally high incidence of the three preceding years. They were, however, still considerably greater in number than any other total recorded in earlier years. The resultant attack rate for the Administrative County was 0.44 per 1,000 of the estimated home population.

Notifications amongst children under 15 years of age accounted for 54 per cent. of the total, 272 or 30 per cent. relating to children under five years of age and 215 or 24 per cent. to those aged five to 14 years inclusive.



**Notifications.**—The table below, which is compiled from the quarterly returns of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1953 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR  
THE YEAR ENDED 31ST DECEMBER, 1953, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (exclud- ing rubella)	Acute poliomyelitis		Sex	Age group	Sex	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis		Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Meningococcal infection	Food poisoning
				Paralytic	Non-paralytic							Infective	Post-infectious					
Administrative County																		
1,756	8	3,522	11,088	56	19	M.	All ages	M.	667	499	1	6	2	—	3	141	34	540
1,828	10	3,738	10,697	42	15	F.		F.	498	400	1	—	—	2	6	141	30	582
3,584	18	7,260	21,785	98	34	T.		T.	1,165	899	2	6	2	2	9	282	64	1,122
5	—	315	401	3	—	M.	0—											
5	—	328	370	2	—	F.												
10	—	643	771	5	—	T.												
111	1	941	2,584	5	2	M.	1—	M.	124	159	—	3	—	—	—	—	25	47
119	1	971	2,467	8	1	F.		F.	121	113	—	—	—	—	1	—	22	51
230	2	1,912	5,051	13	3	T.		T.	245	272	—	3	—	—	1	—	47	98
401	1	1,105	3,440	5	3	M.	3—											
329	2	1,125	3,354	8	5	F.												
730	3	2,230	6,794	13	8	T.												
958	1	1,111	4,416	14	7	M.	5—											
1,027	2	1,217	4,211	13	4	F.												
1,985	3	2,328	8,627	27	11	T.		M.	75	94	—	—	2	—	1	3	3	76
						F.		F.	58	121	—	—	—	—	1	6	4	73
197	3	31	146	3	3	M.	10—	T.	133	215	—	—	2	—	2	9	7	149
269	3	42	156	1	1	F.												
466	6	73	302	4	4	T.												
55	1	5	52	7	3	M.	15—											
48	1	17	76	1	3	F.		M.	171	119	—	3	—	—	—	40	6	226
103	2	22	128	8	6	T.		F.	111	91	—	—	—	—	3	36	4	257
							25—	T.	282	210	—	3	—	—	3	76	10	483
28	1	11	32	19	1	M.	45—	M.	178	100	1	—	—	—	1	69	—	137
30	1	35	47	9	1	F.		F.	107	57	1	—	—	2	1	69	—	139
58	2	46	79	28	2	T.		T.	285	157	2	—	—	2	2	138	—	276
							65—	M.	111	26	—	—	—	—	1	25	—	44
						F.		F.	99	18	—	—	—	—	—	29	—	58
						T.		T.	210	44	—	—	—	—	1	54	—	102
1	—	3	17	—	—	M.	Un-known	M.	8	1	—	—	—	—	—	4	—	10
1	—	3	16	—	—	F.		F.	2	—	—	—	—	—	—	1	—	4
2	—	6	33	—	—	T.		T.	10	1	—	—	—	—	—	5	—	14

Other Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			* Chickenpox		
	F.	M.	F.	T.	M.	F.	T.
Administrative County .....	239	13	7	20	122	109	231

\* Notifiable during year in three districts only.

Below, comparison is made of the number of notifications of the principal infectious diseases during 1953 and the preceding 10 years:—

Infectious disease	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Measles (excluding rubella)	14,353	13,599	13,883	9,100	22,377	21,605	15,685	17,636	26,461	16,197	21,785
Whooping cough	5,386	3,897	2,874	4,348	3,716	6,404	5,195	8,295	6,005	4,775	7,260
Scarlet fever	6,710	5,903	4,453	2,794	2,996	5,287	5,092	3,670	3,063	3,816	3,584
Acute pneumonia (primary and influenzal)	2,558	1,729	1,570	1,661	1,418	1,356	1,473	1,213	2,028	1,183	1,165
Dysentery	288	518	617	729	429	460	619	1,303	1,295	1,250	899
Erysipelas	515	521	475	408	349	437	398	363	305	252	282
Puerperal pyrexia	248	217	139	168	163	123	83	93	143	230	239
Diphtheria	1,760	1,468	1,137	654	327	202	84	43	38	72	18
Acute poliomyelitis	22	13	13	22	375	59	235	160	83	55	132
Meningococcal infection	*	*	*	*	*	*	*	44	65	37	64
Typhoid and paratyphoid fevers	25	32	28	48	23	30	71	12	116	32	11
Smallpox	—	—	—	—	—	—	—	—	—	19	2

\* The nomenclature "Meningococcal Infection" was first introduced in 1950 and comparative figures for previous years are not available.

**Death-rates from Certain Infectious Diseases.**—The table below gives for the last two decades the death-rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for the war years 1939-45 relate to civilians only.

Year	Estimated population	Smallpox		Diphtheria		Whooping cough		Measles		Ac. poliomyelitis		*Meningococcal infection	
		No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n
1934	1,809,597	nil	nil	160	0.088	57	0.031	123	0.068	7	0.004	—	—
1935	1,821,100	nil	nil	155	0.085	46	0.025	80	0.044	3	0.002	—	—
1936	1,842,900	nil	nil	179	0.097	81	0.044	93	0.050	2	0.001	—	—
1937	1,859,200	nil	nil	153	0.082	70	0.038	25	0.013	1	0.001	—	—
1938	1,880,600	nil	nil	208	0.111	39	0.021	100	0.053	7	0.004	—	—
1939	1,904,100	nil	nil	157	0.082	58	0.030	4	0.002	7	0.004	—	—
1940	1,900,870	nil	nil	137	0.072	45	0.024	49	0.026	9	0.005	—	—
1941	1,918,320	nil	nil	183	0.095	129	0.067	38	0.020	8	0.004	—	—
1942	1,885,600	nil	nil	105	0.056	20	0.011	27	0.014	8	0.004	—	—
1943	1,848,650	nil	nil	69	0.037	69	0.037	26	0.014	6	0.003	—	—
1944	1,837,800	nil	nil	68	0.037	35	0.019	22	0.012	2	0.001	—	—
1945	1,832,420	nil	nil	52	0.028	29	0.016	23	0.013	4	0.002	—	—
1946	1,924,880	nil	nil	25	0.013	43	0.022	9	0.005	7	0.004	—	—
1947	1,959,160	nil	nil	12	0.006	32	0.016	30	0.015	36	0.018	—	—
1948	2,007,150	nil	nil	11	0.005	39	0.019	26	0.013	10	0.005	—	—
1949	2,020,720	nil	nil	5	0.002	30	0.015	14	0.007	34	0.017	—	—
1950	2,047,010	nil	nil	6	0.003	21	0.010	6	0.003	18	0.009	16	0.008
1951	†2,040,460	nil	nil	1	0.000	17	0.008	15	0.007	10	0.005	12	0.006
1952	†2,043,900	nil	nil	2	0.001	6	0.003	4	0.002	8	0.004	14	0.007
1953	2,044,400	1	0.000	2	0.001	12	0.006	12	0.006	8	0.004	11	0.005

\* This nomenclature was first introduced in 1950 and comparative figures for previous years are not available.

† Specially constructed population.

**Tuberculosis.**—NOTIFICATIONS.—Weekly returns forwarded by local medical officers of health of all notifications received by them are, after correction by the exclusion of *duplicates* (i.e., notifications of cases previously notified in another district within the Administrative County area), classified both as regards the parts of the body affected and in age-groups. The totals for the year 1953 are analysed in Tables 27 and 28, pages 175 and 176.



With the exception of the total for 1951, the number of notifications of cases of respiratory tuberculosis in 1953, at 1,753, was the highest recorded since 1927 and represented an increase of 41 over the total for 1952. The resultant case-rate was 0.86 per 1,000 of the estimated home population, as compared with 0.84 in 1952.

Non-respiratory notifications during 1953 numbered 322, a decrease of 45 compared with those for the previous year. The case-rate per 1,000 of the estimated home population was 0.16. Both notifications and case-rate were, for the fifth successive year, the lowest ever recorded in the Administrative County area.

In total, therefore, the notifications of all forms of tuberculosis numbered 2,075, equivalent to a case-rate of 1.01 per 1,000 of the estimated home population.

The following table shows the numbers of new notifications of cases of tuberculosis received in the Administrative County each year since 1913, when the official tuberculosis service began, together with the case-rates per 1,000 of the estimated population. It will be seen that, whilst the respiratory case-rate reached its nadir in the years 1938 and 1939 and has since fluctuated fairly widely above that point, the case-rate for non-respiratory tuberculosis still continues to decline.

Year	Notifications			Case-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1.54	0.90	2.45
1914	2,820	1,140	3,960	1.61	0.65	2.26
1915	2,872	1,128	4,000	1.64	0.64	2.28
1916	2,689	1,180	3,869	1.52	0.66	2.19
1917	2,375	1,062	3,437	1.35	0.60	1.96
1918	2,534	885	3,419	1.47	0.51	1.98
1919	2,105	847	2,952	1.21	0.48	1.70
1920	2,084	968	3,052	1.20	0.55	1.76
1921	2,044	899	2,943	1.16	0.51	1.67
1922	1,863	956	2,189	1.05	0.54	1.59
1923	1,937	1,188	3,125	1.09	0.66	1.75
1924	1,972	1,120	3,092	1.10	0.62	1.73
1925	1,846	1,027	2,873	1.03	0.57	1.60
1926	1,828	953	2,781	1.02	0.53	1.55
1927	1,794	1,045	2,839	0.99	0.58	1.57
1928	1,660	956	2,616	0.91	0.52	1.44
1929	1,517	913	2,430	0.83	0.50	1.34
1930	1,527	982	2,509	0.84	0.54	1.38
1931	1,460	862	2,322	0.80	0.47	1.28
1932	1,477	825	2,302	0.81	0.45	1.27
1933	1,453	780	2,233	0.80	0.43	1.23
1934	1,315	774	2,089	0.72	0.42	1.15
1935	1,305	672	1,977	0.71	0.36	1.08
1936	1,248	722	1,970	0.67	0.39	1.06
1937	1,314	745	2,059	0.70	0.40	1.10
1938	1,227	805	2,032	0.65	0.42	1.08
1939	1,252	757	2,009	0.65	0.39	1.05
1940	1,340	715	2,055	0.70	0.37	1.08
1941	1,414	732	2,146	0.73	0.38	1.11
1942	1,447	766	2,213	0.76	0.40	1.17
1943	1,456	778	2,234	0.78	0.42	1.20
1944	1,512	665	2,177	0.82	0.36	1.18
1945	1,511	641	2,152	0.82	0.34	1.17
1946	1,663	537	2,200	0.86	0.27	1.14
1947	1,394	519	1,913	0.71	0.26	0.97
1948	1,522	551	2,073	0.75	0.27	1.02
1949	1,613	466	2,079	0.80	0.23	1.03
1950	1,497	401	1,898	0.73	0.20	0.93
1951	1,838	396	2,234	0.90	0.19	1.09
1952	1,712	367	2,079	0.84	0.18	1.02
1953	1,753	322	2,075	0.86	0.16	1.01

*Notifications in age groups.*—The following tables give in certain specified age groups the male and female notified cases of respiratory and non-respiratory tuberculosis in the year 1953, after correction for subsequent changes in diagnosis. For comparative purposes the figures for the preceding ten years are given.

YEAR	SEX	RESPIRATORY TUBERCULOSIS													Total M. & F.
		AGE GROUP—YEARS													
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages		
1943	M.	2	7	9	2	71	103	182	194	162	102	33	867	1,456	
	F.	—	6	4	10	82	139	172	71	51	37	17	589		
1944	M.	2	5	17	19	71	108	175	164	156	106	40	863	1,512	
	F.	1	10	7	12	83	174	200	79	51	17	15	649		
1945	M.	—	12	14	7	56	99	197	181	146	113	39	864	1,511	
	F.	1	9	10	11	79	165	200	82	36	35	19	647		
1946	M.	1	9	16	16	57	141	243	168	172	121	36	980	1,663	
	F.	1	9	10	14	91	163	201	99	48	28	19	683		
1947	M.	5	11	18	13	65	106	183	131	142	90	41	805	1,394	
	F.	2	10	21	12	99	129	163	79	37	19	18	589		
1948	M.	2	17	19	11	59	85	190	136	150	116	49	834	1,522	
	F.	4	14	8	31	102	131	198	90	49	40	21	688		
1949	M.	2	13	25	18	57	107	179	148	168	143	67	927	1,613	
	F.	3	18	17	20	101	147	196	100	37	25	22	686		
1950	M.	4	28	16	26	53	84	181	126	162	116	46	842	1,497	
	F.	—	19	21	26	79	138	191	82	49	31	19	655		
1951	M.	4	36	34	12	73	107	208	184	184	151	55	1,048	1,838	
	F.	5	30	27	25	97	174	226	90	60	40	16	790		
1952	M.	5	44	41	29	87	88	182	156	160	126	64	982	1,712	
	F.	1	33	26	27	122	125	211	104	45	20	16	730		
1953	M.	4	37	37	31	53	90	175	128	168	137	69	929	1,753	
	F.	2	33	57	32	115	149	226	122	48	23	17	824		

YEAR	SEX	NON-RESPIRATORY TUBERCULOSIS													Total M. & F.
		AGE GROUP—YEARS													
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages		
1943	M.	2	78	98	54	37	20	35	24	11	4	3	366	778	
	F.	5	51	87	58	58	51	48	26	8	13	7	412		
1944	M.	4	64	76	58	21	18	33	20	14	13	8	329	665	
	F.	1	43	74	40	34	29	55	35	8	10	7	336		
1945	M.	2	58	85	43	26	12	26	27	12	8	7	306	641	
	F.	3	49	69	44	32	34	46	26	17	10	5	335		
1946	M.	1	56	54	32	27	16	25	17	9	13	3	253	537	
	F.	3	43	50	43	37	33	31	23	15	4	2	284		
1947	M.	1	54	52	43	13	20	26	16	13	4	4	246	519	
	F.	3	48	56	29	25	26	36	18	15	5	12	273		
1948	M.	4	63	70	29	22	22	26	13	13	6	8	276	551	
	F.	5	35	57	49	26	31	22	34	5	6	5	275		
1949	M.	2	39	43	29	27	14	22	14	13	6	—	209	466	
	F.	2	37	65	22	34	25	38	18	10	5	1	257		
1950	M.	2	38	48	22	19	9	20	14	8	8	—	188	401	
	F.	2	31	33	25	27	16	31	21	13	9	5	213		
1951	M.	4	30	42	24	14	17	23	11	8	8	5	186	396	
	F.	1	21	41	33	25	18	22	19	17	4	9	210		
1952	M.	2	32	45	26	19	6	17	15	14	6	5	187	367	
	F.	1	22	36	32	14	10	29	17	10	7	2	180		
1953	M.	—	30	35	25	11	7	10	15	12	7	7	159	322	
	F.	3	17	28	10	26	24	23	13	8	5	6	163		

It will be observed that the rise in notifications of respiratory tuberculosis in 1953 is very largely due to an increase amongst children under 15 years of age and persons aged 65 years or more, mainly the former. A more detailed reference to this trend of recent years was made in the Report for 1952.



As was pointed out earlier in this section, all the above particulars of notifications, and those in Tables 27 and 28, refer to cases notified for the first time within the County area. In other words, they represent the total addition to the County register of tuberculous persons made in 1953. They therefore include persons previously ascertained and notified as cases of tuberculosis outside the Administrative County area who, during 1953, moved into the County area where they were again notified. In certain areas of the County absorbing overspill populations from County Boroughs these cases are not inconsiderable in number. An extreme example is Whiston R.D. where, out of a total of 156 notifications received in 1953, no less than 105 related to such persons.

Of the total of 1,753 notifications of respiratory tuberculosis received, 261 were in fact *transfer* cases—i.e., notifications relating to persons becoming resident in the County area who had previously been ascertained and notified as tuberculous cases outside the County area. Of the 322 non-respiratory notifications received during 1953, 24 related to transfer cases. Known cases of tuberculosis (all forms) transferred from other local health authority areas into the Administrative County therefore accounted for 13.7 per cent. of the total notifications received.

Whilst, therefore, the gross figures of notifications give an indication of the total numbers of cases brought to notice each year and the case-rate the proportion of such cases in terms of population, they do not provide a satisfactory measure of the extent to which entirely new incidence may be occurring within the County Area. If, however, “transfers-in” are excluded this may be ascertained. In the case of respiratory tuberculosis, where the 1,753 notifications include no less than 261 transfers-in, the actual number of new cases arising in the County area was therefore 1,492—the rate per 1,000 of population being 0.73 or 0.13 less than the rates quoted in the above table. Again, whereas the case-rate for 1953 based on gross notifications showed an increase of 0.02 over that for 1952, the rate of notifications excluding “transfers-in” was 0.05 less than the corresponding rate for the previous year. It is quite clear therefore that the rise in the case-rate for 1953 shown in the above table was due entirely to the influx of tuberculous cases into the County area from other local health authority areas. Indeed, a comparison of the “true” incidence rate for respiratory tuberculosis in 1953 with the corresponding average rate for the five years 1949-53 shows the former to be 0.06 per 1,000 less than the latter.

Not only does the transference of tubercular cases into the County area increase the annual case rate and the numbers on the County register, but also does it increase the field of potential cases, particularly in the case of tubercular parents with families, with a possible ultimate effect on the true incidence of the disease occurring in the County area in later years.

**MORTALITY.**—The steady decline in mortality from respiratory tuberculosis which has been a feature of the vital statistics for some years was continued during 1953. The number of deaths assigned to the Administrative County was 361, or 53 fewer than in the preceding year. The resultant death-rate per 1,000 of the estimated population was 0.18—the lowest rate ever recorded in the County statistics and 0.02 less than the previous lowest achieved in 1952. The corresponding provisional rate for England and Wales in 1953 was also 0.18 per 1,000.

Non-respiratory tuberculosis accounted for 42 deaths during 1953, a decrease of 21 as compared with the figure for the previous year and the lowest number yet recorded. The resultant mortality rate of 0.02 per 1,000 of the estimated home population was also the lowest on record for the Administrative County.

Comparison is made below of the number of deaths from tuberculosis registered during 1953 and the equivalent death-rates with the averages of those for the preceding five years, 1948-52:—

Period	Respiratory tuberculosis		Non-respiratory tuberculosis		All forms	
	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population
Mean of 5 years, 1948-52	576	0.28	98	0.05	674	0.33
Year 1953	361	0.18	42	0.02	403	0.20
Decrease in 1953	215	0.10	56	0.03	271	0.13

The table below gives the death-rates from respiratory tuberculosis in the urban and rural districts and the Administrative County as a whole for 1953 and each of the preceding 10 years and, for the purposes of comparison, the rates for England and Wales:—

Year	Administrative County			England & Wales
	Death-rate per 1,000 of population			Death-rate per 1,000 of population
	Urban	Rural	County	
1943	0.43	0.29	0.41	0.56
1944	0.44	0.28	0.42	0.52
1945	0.40	0.28	0.38	0.52
1946	0.40	0.32	0.39	0.47
1947	0.40	0.28	0.38	0.47
1948	0.35	0.24	0.34	0.44
1949	0.35	0.25	0.34	0.40
1950	0.29	0.21	0.28	0.32
1951	0.27	0.18	0.26	0.28
1952	0.22	0.11	0.20	0.21
1953	0.17	0.20	0.18	*0.18

\* Provisional figure.

It will be noted that, with the exception of the year under report, the rate for the Administrative County has been consistently lower than that for the country as a whole. The year 1953 appears, in fact, to have been the first instance in which the rate for England and Wales has attained as low a level as the County rate.

The table below shows the numbers of deaths registered and the death-rates recorded during the years 1913 to 1953 in the Administrative County:—

Year	Deaths			Death-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0.82	0.30	1.12
1914	1,523	572	2,095	0.87	0.32	1.19
1915	1,614	555	2,169	0.96	0.34	1.30
1916	1,685	471	2,156	1.04	0.29	1.33
1917	1,584	466	2,050	1.00	0.30	1.30
1918	1,652	435	2,087	1.07	0.28	1.35
1919	1,339	358	1,697	0.80	0.22	1.02
1920	1,323	396	1,719	0.76	0.23	0.99
1921	1,301	376	1,677	0.73	0.21	0.95
1922	1,362	389	1,751	0.77	0.22	0.99
1923	1,250	412	1,662	0.70	0.23	0.93
1924	1,215	339	1,554	0.68	0.19	0.87
1925	1,205	361	1,566	0.67	0.20	0.87
1926	1,158	286	1,444	0.64	0.16	0.80
1927	1,105	296	1,401	0.61	0.16	0.77
1928	1,066	287	1,353	0.58	0.15	0.74
1929	1,102	279	1,381	0.60	0.15	0.76
1930	1,046	253	1,299	0.57	0.14	0.71
1931	1,021	266	1,287	0.56	0.14	0.71
1932	975	238	1,213	0.54	0.13	0.67
1933	1,010	232	1,242	0.55	0.12	0.68
1934	848	231	1,079	0.46	0.12	0.59
1935	855	189	1,044	0.46	0.10	0.57
1936	856	192	1,048	0.46	0.10	0.56
1937	865	198	1,063	0.46	0.10	0.57
1938	802	177	979	0.42	0.09	0.52
1939	814	195	1,009	0.42	0.10	0.52
1940	876	188	1,064	0.46	0.09	0.55
1941	838	221	1,059	0.43	0.11	0.55
1942	776	196	972	0.41	0.10	0.51
1943	765	177	942	0.41	0.09	0.50
1944	773	182	955	0.42	0.09	0.51
1945	709	161	870	0.38	0.08	0.47
1946	751	154	905	0.39	0.08	0.47
1947	761	136	897	0.38	0.06	0.45
1948	688	126	814	0.34	0.06	0.40
1949	678	122	800	0.34	0.06	0.40
1950	573	93	666	0.28	0.05	0.33
1951	529	85	614	0.26	0.04	0.30
1952	414	63	477	0.20	0.03	0.23
1953	361	42	403	0.18	0.02	0.20



The following tables show the deaths from respiratory and non-respiratory tuberculosis assigned to the Administrative County during 1953 and the preceding ten years, analysed according to sex and age:—

*Deaths from Respiratory Tuberculosis*

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1943	481	284	3	1	1	3	—	7	232	214	202	50	43	9
1944	459	314	1	1	3	3	1	3	203	249	208	41	43	17
1945	436	273	1	—	2	2	5	6	192	207	185	39	51	19
1946	462	289	—	3	3	—	4	5	211	220	192	46	52	15
1947	430	331	1	1	5	4	2	2	187	252	201	41	34	31
1948	394	294	1	3	3	2	4	5	162	214	174	43	50	27
1949	417	261	2	—	2	—	—	4	152	185	204	57	57	15
1950	350	223	—	1	1	1	—	1	116	147	186	51	47	22
1951	338	191	—	1	—	—	2	1	111	113	161	55	64	21
1952	287	127	—	2	1	—	—	—	82	76	147	32	57	17
1953	238	123	—	—	—	—	—	—	46	68	137	36	55	19

*Deaths from Non-respiratory Tuberculosis*

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1943	89	88	5	5	25	21	19	8	26	39	11	8	3	7
1944	106	76	11	1	31	23	12	10	34	31	13	5	5	6
1945	75	86	7	3	22	24	19	17	15	26	8	11	4	5
1946	82	72	1	3	32	14	10	14	22	25	11	12	6	4
1947	69	67	2	4	21	14	11	16	19	21	12	10	4	2
1948	57	69	2	7	11	21	12	7	15	20	11	7	6	7
1949	65	57	1	2	21	8	6	6	22	28	12	9	3	4
1950	51	42	3	2	12	12	4	3	15	16	12	7	5	2
1951	41	44	1	1	12	14	7	6	12	12	7	10	2	1
1952	34	29	4	2	7	5	7	4	8	8	6	4	2	6
1953	17	25	—	—	4	3	3	2	7	6	2	11	1	3

*Non-notified fatal cases.*—The total number of deaths from all forms of tuberculosis in 1953 (corrected for transfers) which escaped statutory notification as tuberculosis cases during life (i.e., non-notified fatal cases) was 64, or 15·9 per cent. of the total deaths from tuberculosis. This represents an improvement over the corresponding figures for the previous year, which were respectively 95 and 19·9 per cent., but still reflects a state of affairs which cannot be regarded as satisfactory. Reference to this problem and the difficulties surrounding it is made in the section of the Report dealing with "Prevention of Illness, Care and After-care" on page 71.

Of the 64 non-notified fatal cases belonging to the Administrative County in 1953, 51 were of respiratory tuberculosis and formed 14·1 per cent. of the total deaths from tuberculosis of the respiratory system—a decrease of 20 and 3·1 per cent. as compared with the previous year.

Deaths from non-respiratory tuberculosis in 1953 which escaped notification in life numbered 13, or 31 per cent. of the total deaths ascribed to this cause. In 1952 the figures were 24 and 38·1 per cent. respectively.

*Disinfection.*—The following statement, showing the position of the County districts in regard to the provision of apparatus for disinfecting clothing, bedding, etc., after infectious disease is prepared from information supplied by local medical officers of health:—

Districts using steam apparatus at hospital	.....	.....	.....	.....	.....	22
„ provided with steam apparatus	.....	.....	.....	.....	.....	25
„ using steam apparatus belonging to other districts (mainly County or Municipal Boroughs)	.....	.....	.....	.....	.....	39
„ provided with dry heat apparatus or gas	.....	.....	.....	.....	.....	1
„ without proper appliances	.....	.....	.....	.....	.....	22

The number of houses disinfected during 1953 following the occurrence of infectious disease was 3,547, the method employed being chiefly the use of formaldehyde and formalin sprays and vapours.

SHOPS ACT, 1950

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The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act in the Administrative County area except, during 1953, in the 26 municipal boroughs and seven urban districts which had a population of more than 20,000 at the time of the Census 1931.

The power to make closing, half-holiday, and other orders conferred on the County Council has in 27 instances been delegated to Urban District Councils, the County Council retaining in these districts the right of enforcement.

Arrangements have been made with 73 District Councils in the Administrative County Shops Act area whereby certain of the inspectorial duties assigned to the County Council are undertaken by the sanitary inspectors of those councils in their respective areas. These duties include the provisions of the Act relative to:—

- (a) The hours of employment of young persons.
- (b) Inspection of records and notices.
- (c) Means of lighting, washing facilities and facilities for meals.
- (d) Seats for female shop assistants.

During the year under report Carnforth Urban District Council agreed to their sanitary inspector carrying out these duties in their district.

In the three remaining districts the duties are undertaken by the County Inspector of Shops.

In respect of the inspections so carried out by district sanitary inspectors, the County Council paid County District Councils at the rate of 2s. 6d. per shop per annum (two inspections) with a minimum of £6 per annum for those districts with less than 48 shops.

During 1953 inspection reports received under this scheme numbered 6,736. In addition, 229 inspections were carried out by the County Inspector of Shops in the three remaining districts referred to, i.e., Brierfield urban district and Blackburn and Lancaster rural districts. As a result of complaints received from various traders' associations 127 investigations were undertaken by the County Inspector in regard to such matters as alleged trading after hours both in shops and on the street, the enforcement of the weekly half-holiday, and Sunday trading.

Consequent upon the recommendation contained in the Report of the Committee on Extraneous Police Duties that police officers should not act as inspectors under the Shops Act, the Standing Joint Committee decided that these officers should be absolved from the duties, and their certificates of appointment have therefore been cancelled.

A certificate of exemption was granted to the Swarthmoor and Ulverston Co-operative Society Ltd. in respect of an exhibition of "Co-operative Productions".

Proceedings were taken in respect of an auction sale conducted after the permitted closing hours under the Act and the defendant was fined £5 together with an advocate's fee of two guineas. In addition, 227 persons were cautioned in respect of minor offences under the Act.



TABLES, ETC.

# ADMINISTRATIVE COUNTY OF LANCASTER

## BIRTH AND DEATH RATES, 1889-1953

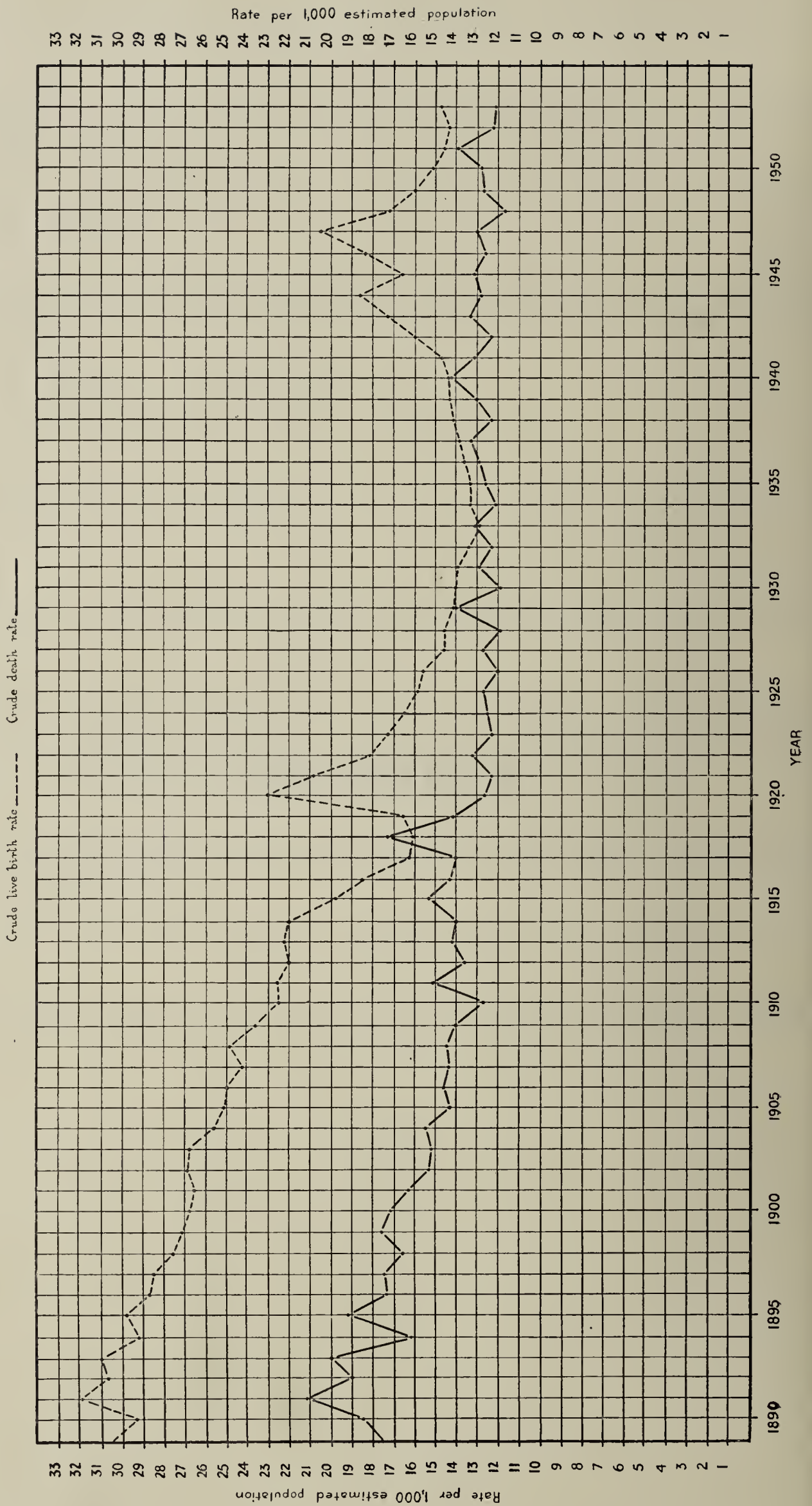




TABLE 1.—COUNTY BIRTH AND DEATH RATES FOR YEARS 1889-1953.

YEAR	CRUDE LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
1889	30.5	31.8	29.6	17.5	18.4	16.6	160	161	125
1890	29.3	29.7	28.1	18.5	18.9	16.6	152	158	126
1891	31.93	32.45	29.48	21.09	21.70	18.19	157	160	139
1892	30.70	31.11	28.01	19.00	19.34	17.31	150	155	124
1893	30.95	31.35	28.94	19.97	20.37	17.94	177	183	145
1894	29.19	29.49	27.70	16.16	16.42	14.87	134	138	109
Average 6 years, 1889-1894	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895	29.82	30.23	27.57	19.16	19.63	16.57	171	178	127
1896	28.73	29.11	26.62	17.38	17.76	15.25	155	161	121
1897	28.45	28.65	27.29	17.48	17.82	15.55	169	174	138
1898	27.62	27.89	25.80	16.58	16.80	15.09	168	173	130
1899	27.09	27.31	25.53	17.60	17.88	15.65	175	181	134
Average 5 years, 1895-1899	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900	26.80	26.96	25.72	17.19	17.46	15.26	162	167	123
1901	26.57	26.78	25.13	16.28	16.58	14.21	161	167	118
1902	26.85	26.95	26.14	15.26	15.43	14.08	139	143	116
1903	26.77	27.04	24.96	15.22	15.44	13.69	140	143	114
1904	25.56	25.66	24.90	15.54	15.78	13.81	157	162	124
Average 5 years, 1900-1904	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905	25.06	25.22	23.99	14.32	14.52	12.99	132	137	101
1906	24.99	25.11	24.22	14.62	14.81	13.33	139	143	109
1907	24.23	24.47	22.60	14.40	14.59	13.11	125	129	96
1908	24.86	25.05	23.60	14.45	14.61	13.31	131	136	97
1909	23.57	23.67	22.91	13.96	14.08	13.11	115	119	87
Average 5 years, 1905-1909	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910	22.48	22.47	22.52	12.73	12.83	12.09	117	121	93
1911	22.64	22.88	21.15	15.05	15.33	13.25	144	148	111
1912	22.00	22.09	21.42	13.61	13.76	12.60	104	106	89
1913	22.20	22.41	20.86	14.20	14.39	13.00	124	128	100
1914	22.02	22.19	20.95	13.95	14.17	12.53	112	115	96
Average 5 years, 1910-1914	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
Average 5 years, 1915-1919	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
Average 5 years, 1920-1924	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
Average 5 years, 1925-1929	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930	14.01	14.07	13.06	11.87	12.10	10.56	64	64	58
1931	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
Average 5 years, 1930-1934	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
Average 5 years, 1935-1939	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
Average 5 years, 1940-1944	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35
1949	15.99	16.18	14.85	12.72	13.05	10.78	38	39	32
Average 5 years, 1945-1949	17.75	17.97	16.42	12.63	12.90	11.05	45	45	41
1950	15.06	15.22	14.09	12.84	13.18	10.88	33	33	31
1951	14.61	14.79	13.56	13.85	14.23	11.76	29	29	31
1952	14.33	14.50	13.40	12.23	12.65	9.89	30	31	26
1953	14.77	14.92	13.96	12.17	12.34	11.25	29	29	30

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1953.

(For Causes of Death, see Table 4, pp. 143-147)

Note: The Census, 1951, populations given in this table refer to the areas as constituted at 31st December, 1953.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
			L.—Legitimate		BIRTHS		I.—Illegitimate		Number registered		Deaths of infants under one year		Deaths of infants under four weeks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Area in statute acres at 31st Dec. 1953	Census, 1951	Est. Home, at 30th June, 1953	LIVE BIRTHS			STILLBIRTHS			Number registered			Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under four weeks		Rate per 1,000 live births	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
				Number registered		Total No. of live births	*Ad-justed rate	Live birth-rate per 1,000 pop'n	Number registered			Total No. of still-births	Still-birth rate per 1,000 total births	M.	F.	Total leg. and illeg.	Rate per 1,000 live births	M.			F.	Total leg. and illeg.			Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
				M.	F.				Both sexes	M.	F.															Both sexes	M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Abram.....	1,984	6,284	6,266	L. I.	47 —	55 1	102 1	103	16.4	15.8	L. I.	1 —	2 —	2	19	65	42	23	10.4	12.4	L. I.	—	—	—	—	L. I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

\* The adjusted rates are based on "comparability factors" supplied by the Registrar-General. For explanation see pages 16 and 18, and for the district "factors" see Table 3, page 142.



TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1953	POPULATION AT ALL AGES		BIRTHS										DEATHS				INFANT MORTALITY					NEO-NATAL MORTALITY					MATERNAL MORTALITY					
				L.—Legitimate					I.—Illegitimate																								
				LIVE BIRTHS					STILLBIRTHS																								
				Number registered					Number registered																								
		Est. Home, 30th June, 1953	Census, 1951	M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	Still-birth rate per 1,000 total births	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births	
Church	528	5,200	L. 43 I. 2	42 2	85 4	89	15.6	15.5	L. 4 I. —	1 —	5 —	5	53	39	45	84	14.7	14.0	L. 2 I. —	2 —	—	2 —	2	L. 1 I. —	1 —	1 —	1	—	1	11	—	—	nil
Clayton-le-Moors	1,060	6,825	L. 45 I. —	38 1	83 1	84	12.0	12.0	L. — I. 1	3 —	3 1	4	45	45	39	84	12.0	11.8	L. — I. —	1 —	1 —	1	1	L. — I. —	— —	— —	— —	— —	— —	— —	nil	1	11.36
Clitheroe (B)	2,386	12,062	L. 103 I. 3	83 2	186 5	191	15.9	17.2	L. — I. —	3 —	3 —	3	15	92	110	202	16.8	14.3	L. — I. —	2 —	2 —	2	2	L. — I. —	— —	2 —	2	—	2	10	—	—	nil
Colne (B)	5,939	20,670	L. 129 I. 8	138 7	267 15	282	13.9	14.4	L. 1 I. —	5 1	6 1	7	24	155	152	307	15.1	13.8	L. — I. —	9 —	3 —	12	12	L. — I. —	5 —	1 —	6	—	6	21	—	—	nil
Crompton	2,865	12,559	L. 92 I. 2	75 1	167 3	170	13.5	13.5	L. — I. —	3 2	5 —	5	29	67	80	147	11.7	11.6	L. — I. —	3 —	5 —	8	8	L. — I. —	2 —	4 —	6	—	6	35	—	—	nil
Crosby (B)	4,772	58,414	L. 472 I. 16	388 17	860 33	893	15.4	15.8	L. 8 I. 1	13 1	21 2	23	25	344	393	737	12.7	11.9	L. 11 I. 2	9 2	9 2	20 3	23	L. — I. —	8 1	6 1	14 1	15	17	3	3.28		
Dalton-in-Furness	8,022	10,398	L. 71 I. 3	59 3	130 6	136	13.2	14.3	L. — I. —	— —	— —	—	nil	68	58	126	12.3	11.9	L. — I. —	3 —	3 —	6	6	L. — I. —	3 —	2 —	5	—	5	37	—	—	nil
Darwen (B)	5,959	30,827	L. 217 I. 6	230 10	447 16	463	15.2	16.1	L. 9 I. 1	7 —	16 1	17	35	224	214	438	14.4	12.7	L. — I. —	6 —	5 —	11	11	L. — I. —	3 —	2 —	5	—	5	11	2	4.17	
Denton	2,593	25,603	L. 183 I. 4	185 7	368 11	379	14.9	14.1	L. — I. —	6 —	14 —	14	36	138	142	280	11.0	11.9	L. — I. —	7 —	1 —	8	8	L. — I. —	6 —	1 —	7	—	7	18	1	2.54	
Droylsden	1,010	26,363	L. 179 I. 9	174 8	353 17	370	14.2	12.8	L. 6 I. —	6 —	12 —	12	31	122	134	256	9.8	12.2	L. — I. —	7 1	6 —	13 1	14	L. — I. —	6 1	3 —	9 1	10	27	—	—	nil	
Eccles (B)	3,417	43,926	L. 348 I. 8	343 9	691 17	708	16.2	16.2	L. — I. —	7 —	12 —	12	17	375	359	734	16.8	17.3	L. 12 I. 1	11 —	11 —	23 1	24	L. — I. —	6 —	9 —	15 1	16	23	2	2.78		
Failsworth	1,073	18,032	L. 145 I. 3	115 6	260 9	269	15.0	13.8	L. 3 I. —	3 2	6 2	8	29	100	73	173	9.7	10.8	L. — I. —	1 —	5 —	6	6	L. — I. —	1 —	3 —	4	—	4	15	—	—	nil
Farnworth (B)	1,504	28,616	L. 223 I. 8	195 5	418 13	431	15.4	15.4	L. — I. —	3 1	7 1	8	18	170	155	325	11.6	11.7	L. — I. —	9 —	5 —	14	14	L. — I. —	6 —	4 —	10	10	23	2	4.56		
Fleetwood (B)	2,565	27,537	L. 231 I. 15	228 8	459 23	482	17.5	18.5	L. — I. —	5 —	5 1	6	12	214	175	389	14.1	17.3	L. — I. —	9 1	8 —	17 1	18	L. — I. —	3 1	4 —	7 1	8	17	1	2.05		
Formby	5,613	10,436	L. 78 I. 3	62 2	140 5	145	14.4	16.1	L. — I. —	— —	— —	—	nil	50	58	108	10.7	9.8	L. — I. —	1 —	2 1	3 1	4	L. — I. —	1 —	2 1	3 1	4	28	—	—	nil	
Fulwood	3,164	12,809	L. 66 I. 2	61 2	127 4	131	9.8	11.3	L. — I. —	5 —	5 —	5	37	98	98	196	14.7	12.7	L. — I. —	1 —	1 —	2 —	2	L. — I. —	1 —	1 —	2 —	2	15	—	—	nil	

\* See note on page 134.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
			L.—Legitimate		LIVE BIRTHS		STILLBIRTHS		Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	Census, 1951	Est. Home, at 30th June, 1953	Number registered			Number registered			Total No. of still-births	Still-birth rate per 1,000 total births	M.	F.	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.			Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
			M.	F.	Both sexes	M.	F.	Both sexes																					M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes	M.	F.	Both sexes																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	Area in statute acres at 31st Dec. 1953																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

\* See note on page 134.





TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1953	POPULATION AT ALL AGES	L.—Legitimate				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY
			LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				
			LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				
			LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				
			LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				
			LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
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LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks							
LIVE BIRTHS				STILLBIRTHS				Number															

\* See note on page 134.



TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1953	POPULATION AT ALL AGES		L.—Legitimate				BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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		Census, 1951	Est. Home, at 30th June, 1953	Number registered				Live birthrate per 1,000 pop'n				Number registered				Still-birth rate per 1,000 total births				Number registered				Deaths of infants under one year					Deaths of infants under four weeks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes		Total leg. and illeg.	Rate per 1,000 live births	No. of deaths																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Trawden	6,815	2,114	2,086	L. 13	10	23	23	11.0	12.6	L. 1	—	—	—	—	—	15	27	12.9	11.4	L. 1	—	—	2	87	1	—	2	2	L. 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

\* See note on page 134.

TABLE 2—continued.

RURAL DISTRICTS	POPULATION AT ALL AGES		L.—Legitimate				BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY						
			LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks														
	Census, 1951		Est. Home, at 30th June, 1953		LIVE BIRTHS				STILLBIRTHS				Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks												
					Number registered		Live birthrate per 1,000 pop'n		Number registered		Still-birth rate per 1,000 total births		Number registered		Crude rate		*Ad-justed rate		Rate per 1,000 live births		Rate per 1,000 live births												
	Area in statute acres at 31st Dec. 1953	M.	F.	Both sexes	Total No. of live births	M.	F.	Both sexes	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	Still-birth rate per 1,000 total births	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births			
Blackburn	19,469	13,239	13,330	73	58	131	139	10.4	12.2	L. I.	—	3	—	3	21	93	74	167	12.5	12.4	L. I.	—	3	—	3	4	29	L. I.	—	2	—	2	22
Burnley	39,849	16,771	16,550	107	87	194	200	12.1	13.4	L. I.	5	2	7	8	38	123	119	242	14.6	12.4	L. I.	2	—	—	2	2	10	L. I.	—	—	—	1	5
Chorley	41,114	27,198	27,090	196	187	383	395	14.6	14.3	L. I.	2	8	10	11	27	166	141	307	11.3	11.8	L. I.	11	3	—	14	35	L. I.	—	—	—	14	35	
Clitheroe	32,170	8,668	9,410	62	50	112	117	12.4	16.3	L. I.	—	—	—	—	nil	41	51	92	9.8	10.7	L. I.	2	—	—	2	17	L. I.	—	—	—	2	17	
Fylde	33,264	16,243	19,840	102	108	210	216	10.9	18.4	L. I.	3	3	6	6	27	116	133	249	12.6	17.6	L. I.	1	1	—	2	9	L. I.	—	—	—	1	5	
Garstang	57,491	12,713	12,740	98	77	175	179	14.1	15.0	L. I.	2	—	—	2	11	62	79	141	11.1	10.7	L. I.	3	4	—	7	39	L. I.	—	—	—	4	22	
Lancaster	53,212	12,055	12,240	89	92	181	188	15.4	18.0	L. I.	—	—	—	1	5	61	69	130	10.6	8.8	L. I.	1	2	—	3	16	L. I.	—	—	—	2	11	
Limehurst	3,085	8,447	8,963	90	58	148	151	16.8	17.7	L. I.	1	—	1	2	13	48	43	91	10.2	9.4	L. I.	2	—	—	2	13	L. I.	—	—	—	1	7	
Lunesdale	76,267	7,353	7,274	53	59	112	114	15.7	17.2	L. I.	—	2	2	2	17	45	30	75	10.3	9.5	L. I.	1	—	—	1	9	L. I.	—	—	—	1	9	
Preston	50,146	38,661	38,380	264	265	529	541	14.1	16.1	L. I.	9	6	15	15	27	279	267	546	14.2	13.5	L. I.	10	10	—	20	37	L. I.	—	—	—	16	30	
Ulverston	127,448	17,248	16,370	122	108	230	234	14.3	15.6	L. I.	3	3	6	6	25	103	91	194	11.9	9.6	L. I.	4	1	—	5	21	L. I.	—	—	—	3	13	
Warrington	22,457	36,786	37,670	242	223	465	481	12.8	18.6	L. I.	3	6	9	10	20	189	142	331	8.8	13.9	L. I.	7	7	—	14	29	L. I.	—	—	—	9	19	
West Lancashire	66,489	41,717	42,440	288	309	597	614	14.5	13.7	L. I.	6	5	11	12	19	254	221	475	11.2	11.9	L. I.	12	10	—	22	36	L. I.	—	—	—	20	33	
Whiston	28,994	40,868	44,450	372	302	674	694	15.6	15.6	L. I.	13	8	21	23	32	209	206	415	9.3	10.6	L. I.	19	12	—	31	46	L. I.	—	—	—	21	30	

\* See note on page 134.



TABLE 2—continued.

RURAL DISTRICTS	Area in statute acres at 31st Dec. 1953	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY						
				L.—Legitimate		LIVE BIRTHS		STILLBIRTHS		Number registered		Death-rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks												
		Census, 1951	Est. Home, at 30th June, 1953	Number registered		Live birth-rate per 1,000 pop'n		Number registered		Still-birth rate per 1,000 total births		Total No. of deaths		Crude rate		*Ad-justed rate		M.		F.		Both sexes		Total leg. and illeg.		Rate per 1,000 live births		Rate per 1,000 total births		
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	
Wigan .....	11,696	8,216	8,153	L. 69 I. 1	63 132 1	133	16.3	16.3	L. 1 I. —	3 4 —	4 }	29	46	41	87	10.7	10.8	L. 3 I. —	1 —	4 —	4 }	30	L. 59 I. 1	41 1	100 2	102 }	23	6	1.33	
Total Rural Districts .....	663,151	306,183	314,900	L. 2,227 I. 69	2,046 4,273 123	4,396	13.96	15.63	L. 48 I. 6	50 1	98 7	105 }	23	1,835	1,707	3,542	11.25	11.92	L. 78 I. 1	54 1	132 2	134 }	30	L. 263 I. 13	225 12	488 25	513 }	20	33	1.25
Total Urban Districts .....	372,529	1,737,767	1,729,500	L. 12,907 I. 466	11,956 24,863 933	25,796	14.92	15.06	L. 327 I. 15	306 12	633 27	660 }	25	10,781	10,558	21,339	12.34	12.46	L. 373 I. 19	338 16	711 35	746 }	29	L. 263 I. 13	225 12	488 25	513 }	20	33	1.25
Total Administrative County .....	1,035,680	2,043,950	2,044,400	L. 15,134 I. 535	14,002 29,136 1,056	30,192	14.77	15.06	L. 375 I. 21	356 13	731 34	765 }	25	12,616	12,265	24,881	12.17	12.41	L. 451 I. 20	392 17	843 37	880 }	29	L. 322 I. 14	266 13	588 27	615 }	20	39	1.26

\* See note on page 134.

TABLE 3.—COMPARABILITY FACTORS RELATIVE TO EACH COUNTY DISTRICT FOR USE IN THE ADJUSTMENT OF THE CRUDE BIRTH AND DEATH RATES, 1953

(For explanation see pages 16 and 18, and for adjusted rates, Table 2, page 134.)

Urban Districts	Comparability Factor		Urban Districts	Comparability Factor	
	Births	Deaths		Births	Deaths
Abram .....	0.96	1.20	Mossley (B) .....	0.99	0.95
Accrington (B) .....	1.03	0.92	Nelson (B) .....	1.06	0.88
Adlington .....	1.08	1.02	Newton-le-Willows .....	0.99	1.08
Ashton-in-Makerfield .....	0.99	1.09	Ormskirk .....	1.00	0.98
Ashton-under-Lyne (B) .....	1.02	0.97	Orrell .....	1.00	1.20
Aspull .....	0.97	1.14	Oswaldtwistle .....	1.03	0.92
Atherton .....	0.96	1.06	Padiham .....	1.04	0.89
Audenshaw .....	0.97	1.02	Poulton-le-Fylde .....	1.03	0.89
Bacup (B) .....	1.02	0.99	Princesall .....	1.17	0.71
Barrowford .....	1.11	0.81	Prescot .....	0.97	1.12
Billinge & Winstanley .....	1.15	1.02	Prestwich (B) .....	1.09	1.01
Blackrod .....	1.01	0.96	Radcliffe (B) .....	1.03	0.99
Brierfield .....	1.10	0.89	Rainford .....	0.95	1.06
Carnforth .....	1.09	0.98	Ramsbottom .....	1.06	0.85
Chadderton .....	0.94	1.09	Rawtenstall (B) .....	1.02	0.92
Chorley (B) .....	0.98	1.05	Rishton .....	1.04	0.90
Church .....	0.99	0.95	Royton .....	0.98	1.03
Clayton-le-Moors .....	1.00	0.98	Skelmersdale .....	0.99	1.11
Clitheroe (B) .....	1.08	0.85	Standish-with-Langtree .....	0.98	1.06
Colne (B) .....	1.04	0.91	Stretford (B) .....	0.95	1.12
Crompton .....	1.00	0.99	Swinton & Pendlebury (B) .....	0.95	1.09
Crosby (B) .....	1.03	0.94	Thornton Cleveleys .....	1.14	0.75
Dalton-in-Furness .....	1.08	0.97	Tottington .....	1.11	0.83
Darwen (B) .....	1.06	0.88	Trawden .....	1.14	0.88
Denton .....	0.95	1.08	Turton .....	1.10	0.88
Droylsden .....	0.90	1.24	Tyldesley .....	0.97	1.08
Eccles (B) .....	1.00	1.03	Ulverston .....	1.05	0.88
Failsworth .....	0.92	1.12	Upholland .....	1.00	1.09
Farnworth (B) .....	1.00	1.01	Urmston .....	0.93	1.10
Fleetwood (B) .....	1.06	1.23	Walton-le-Dale .....	0.95	1.09
Formby .....	1.12	0.92	Wardle .....	0.98	0.77
Fulwood .....	1.15	0.86	Westhoughton .....	0.99	1.05
Golborne .....	0.93	1.18	Whitefield .....	0.98	1.07
Grange .....	1.33	0.60	Whitworth .....	1.07	0.99
Great Harwood .....	1.05	0.84	Widnes (B) .....	1.01	1.26
Haslingden (B) .....	1.08	0.87	Withnell .....	0.96	0.96
Haydock .....	1.01	1.21	Worsley .....	1.05	1.03
Heywood (B) .....	1.00	1.03	<b>Rural Districts</b>		
Hindley .....	0.98	1.10	Blackburn .....	1.17	0.99
Horwich .....	1.01	0.97	Burnley .....	1.11	0.85
Huyton-with-Roby .....	0.97	1.57	Chorley .....	0.98	1.04
Ince-in-Makerfield .....	1.01	1.24	Clitheroe .....	1.31	1.10
Irlam .....	0.97	1.20	Fylde .....	1.69	1.40
Kearsley .....	0.99	1.06	Garstang .....	1.07	0.97
Kirkham .....	1.27	1.40	Lancaster .....	1.17	0.83
Lancaster (B) .....	1.13	0.99	Limehurst .....	1.05	0.93
Lees .....	1.02	0.91	Lunesdale .....	1.10	0.92
Leigh (B) .....	0.97	1.11	Preston .....	1.14	0.95
Leyland .....	0.97	1.14	Ulverston .....	1.09	0.81
Litherland .....	0.87	1.23	Warrington .....	1.46	1.58
Littleborough .....	1.00	0.97	West Lancashire .....	0.95	1.06
Little Lever .....	1.01	1.03	Whiston .....	1.00	1.14
Longridge .....	1.08	0.93	Wigan .....	1.00	1.01
Lytham St. Annes (B) .....	1.06	0.70	Aggregate—Urban Districts .....		
Middleton (B) .....	0.98	1.02	Aggregate—Rural Districts .....		
Milnrow .....	0.98	0.94	Administrative County .....		
Morecambe & Heysham (B) .....	1.09	0.73			



TABLE 4—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1953.

URBAN DISTRICTS		Total No. of deaths from all causes		MORTALITY FROM SUBJOINED CAUSES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
				Tuberculosis, respiratory, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia, aeleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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Abram.....	65	—	—	—	—	—	—	—	—	2	1	—	—	8	—	1	18	8	1	7	1	—	—	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE 4—continued.

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																			
			Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
												Stomach	Lung, bronchus	Breast	Uterus																							
Denton .....	1	1	2	—	—	—	1	—	—	—	10	14	4	1	25	2	1	40	29	2	70	9	2	5	22	2	2	1	—	3	—	1	4	17	3	1	2	4
Droylsden .....	4	—	—	—	1	—	—	—	—	—	5	14	5	2	26	6	3	35	25	6	37	7	6	6	26	—	2	2	—	4	—	1	4	27	1	4	2	1
Eccles (B) .....	12	—	2	—	1	—	—	—	1	—	26	31	16	6	50	10	7	116	87	10	102	59	9	31	62	2	3	3	2	2	2	5	60	3	17	8	—	
Failsworth .....	3	1	—	—	—	—	—	—	1	—	3	6	3	3	18	2	1	15	29	2	35	6	3	4	9	3	4	4	1	1	3	—	2	11	—	3	1	—
Farnworth (B) .....	2	—	—	—	—	1	—	—	—	—	16	7	6	4	23	7	2	42	44	7	55	16	—	11	24	—	4	4	1	3	—	2	—	43	2	5	4	—
Fleetwood (B) .....	5	1	—	—	1	—	—	—	3	—	9	17	9	5	35	5	4	58	35	5	80	23	—	9	23	4	3	3	3	8	2	1	4	28	3	7	3	—
Formby .....	2	—	—	—	—	—	—	—	—	—	1	5	1	1	4	5	—	22	17	5	14	4	—	2	11	—	1	1	—	1	1	7	—	7	1	—		
Fulwood .....	—	—	—	—	—	—	—	—	1	—	7	6	4	—	9	2	1	28	22	2	54	10	10	3	6	3	1	1	—	6	—	2	15	—	5	1	—	
Golborne .....	4	—	1	—	1	—	—	—	—	—	7	2	1	1	18	5	3	13	15	5	37	4	2	2	10	2	1	1	1	3	1	2	16	1	6	1	—	
Grange .....	—	—	—	—	—	—	1	—	—	—	1	2	1	—	10	—	—	15	12	—	11	1	1	—	—	—	—	1	—	2	—	—	2	—	1	—	—	
Great Harwood .....	4	—	—	—	—	—	1	—	—	—	6	—	4	1	9	7	—	25	16	7	45	3	1	4	9	—	2	2	—	—	—	13	1	1	—	—		
Haslingden (B) .....	1	—	—	—	—	—	—	—	1	—	4	7	1	1	10	9	2	38	30	9	42	3	—	5	3	—	2	2	1	1	1	—	24	—	4	2	—	
Haydock .....	1	—	—	—	—	—	—	—	—	—	6	3	1	1	9	—	2	28	15	—	19	3	1	4	6	1	2	2	—	1	—	2	17	2	2	—	—	
Heywood (B) .....	5	—	2	—	—	—	—	—	—	—	6	7	4	3	21	4	1	43	36	4	62	21	3	8	17	2	4	1	5	1	4	33	1	7	5	—	—	
Hindley .....	2	—	—	—	—	—	—	—	—	—	4	3	3	2	13	4	—	24	23	4	34	11	1	9	14	2	3	—	—	10	1	4	12	1	5	3	—	
Horwich .....	3	1	—	—	—	—	—	—	—	—	9	7	2	1	12	2	1	31	23	2	33	7	—	6	7	—	2	2	—	5	1	6	11	1	7	2	—	
Huyton-with-Roby .....	15	1	—	2	2	—	—	—	—	4	15	21	6	4	37	7	1	31	52	7	44	19	2	22	18	2	7	4	1	1	6	61	2	11	4	1		
Ince-in-Makerfield .....	6	1	—	—	—	—	—	—	—	—	7	9	6	—	12	2	—	23	21	2	34	4	3	8	21	3	2	2	—	4	—	3	18	3	8	1	—	
Irlam .....	4	—	—	—	—	—	—	—	—	1	5	4	7	—	12	4	2	22	17	4	31	2	2	7	12	—	1	1	2	2	1	4	10	2	8	2	—	
Kearsley .....	2	—	—	—	—	—	—	—	—	—	12	4	2	—	5	1	1	12	26	1	21	3	1	3	12	—	—	—	—	2	—	1	11	2	3	1	—	
Kirkham .....	—	—	—	—	—	—	—	—	—	1	1	3	1	—	5	—	2	7	2	—	6	11	2	1	9	—	—	—	—	1	1	4	—	—	1	1	—	
Lancaster (B).....	7	2	2	—	—	—	—	—	—	7	28	18	10	7	65	17	7	113	118	17	132	26	4	32	25	3	9	2	2	5	4	3	5	94	6	12	6	—
Lees .....	—	—	—	—	—	—	—	—	—	—	3	—	2	—	3	1	—	2	7	1	17	5	—	2	4	1	2	—	—	—	—	—	4	—	1	1	—	
Leigh (B) .....	7	1	2	—	—	—	—	—	—	1	13	10	1	4	35	17	3	56	75	17	81	14	6	23	40	6	3	4	7	3	—	3	50	4	10	3	2	



TABLE 4—continued.

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																			
			Tuberculosis, respiratory, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
	Leyland .....	164	—	1	—	—	—	—	2	4	8	2	1	18	—	1	20	19	5	41	4	—	1	7	2	2	1	1	1	—	1	19	—	1	3	—		
	Litherland .....	194	9	1	—	—	—	—	—	9	6	5	—	18	2	—	27	25	5	26	6	—	6	7	—	1	—	4	3	—	4	19	1	5	4	—		
	Littleborough.....	145	1	—	—	—	—	—	1	4	3	1	—	11	—	—	16	26	4	24	4	3	5	14	—	—	—	—	3	—	—	20	1	1	2	—		
	Little Lever .....	71	3	1	—	—	—	—	—	1	1	—	—	2	—	—	7	8	2	16	1	1	3	9	—	—	—	1	1	1	7	—	2	—	—	2	—	
	Longridge .....	49	—	—	—	—	—	—	—	—	—	1	—	3	—	—	6	9	1	9	—	—	—	1	1	—	—	—	—	—	1	8	2	—	—	—	—	
	Lytham St. Annes (B) .....	478	4	1	—	—	—	—	—	14	12	8	1	43	—	1	88	64	6	106	18	3	12	19	3	3	3	3	4	1	1	44	—	10	3	—	—	
	Middleton (B) .....	337	3	1	—	—	—	—	—	15	14	3	3	33	2	2	47	45	10	60	10	2	7	23	—	8	2	1	2	—	9	22	4	3	4	—	—	
	Milnrow .....	90	1	—	—	—	—	—	—	4	3	1	1	10	—	1	13	8	1	18	6	—	3	7	—	2	—	—	—	—	—	8	1	—	2	—	—	
	Morecambe & Heysham (B) .....	536	2	2	—	—	—	—	2	12	13	9	3	38	1	5	106	96	8	100	13	3	7	29	2	8	4	2	8	3	45	4	5	5	—	—	—	
	Mossley (B) .....	135	—	1	—	—	—	—	1	4	1	4	2	7	—	2	18	22	3	30	7	1	4	4	1	—	—	3	1	—	2	7	1	5	4	—	—	
	Nelson (B) .....	526	6	2	—	—	—	—	2	16	15	9	4	48	7	2	80	79	17	94	21	2	9	24	6	1	1	10	5	1	2	44	1	11	6	—	—	
	Newton-le-Willows .....	253	3	1	—	—	—	—	1	7	4	3	2	20	1	2	29	38	6	62	5	—	4	12	3	1	—	3	3	1	3	28	—	10	—	—	—	
	Ormskirk .....	237	3	2	—	—	—	—	1	6	3	2	—	19	2	1	42	26	19	33	8	—	5	14	2	6	1	3	5	—	—	22	3	8	—	—	—	
	Orrell .....	90	—	—	—	—	—	—	1	1	4	2	1	8	—	—	12	9	—	18	3	—	3	6	—	—	—	1	2	—	1	15	1	1	1	—	—	
	Oswaldtwistle .....	174	3	2	—	—	—	—	—	6	4	4	1	13	3	1	25	27	2	24	7	4	6	7	—	2	—	1	—	—	1	22	2	5	2	—	—	
	Padiham .....	129	—	—	—	—	—	—	—	3	4	5	2	14	—	—	18	15	—	25	7	—	—	15	—	—	—	1	2	1	1	11	1	2	2	—	—	
	Poulton-le-Fylde .....	104	1	—	—	—	—	—	—	2	1	2	2	10	—	1	21	15	—	10	11	—	2	4	1	1	1	1	—	—	2	8	2	5	—	—	—	
	Preesall .....	46	1	—	—	—	—	—	—	2	2	1	—	3	—	—	5	5	3	13	1	—	2	2	—	—	—	—	—	—	—	2	1	3	—	—	—	
	Prescot .....	138	3	1	—	—	—	—	—	3	3	2	2	13	—	3	17	18	8	16	7	—	11	9	1	—	—	1	—	—	3	14	1	2	—	—	—	
	Prestwich (B).....	473	14	3	—	—	—	—	3	8	16	7	2	32	4	4	42	70	9	110	16	5	17	22	4	6	2	6	2	—	3	53	3	8	1	1	—	
	Radcliffe (B) .....	330	2	2	—	—	—	—	1	4	5	6	4	36	1	1	42	37	1	92	17	7	—	21	5	2	1	4	3	—	—	22	2	6	5	—	—	
	Rainford .....	48	—	1	—	—	—	—	—	3	—	2	1	5	—	—	3	1	1	13	2	—	—	3	—	—	—	—	—	—	—	11	—	1	—	—	—	
	Ramsbottom .....	160	2	1	—	—	—	—	—	4	3	—	—	10	—	1	30	28	7	26	4	1	4	11	1	—	—	1	2	—	1	10	2	2	2	—	—	
	Rawtenstall (B) .....	542	6	—	—	—	—	—	—	16	6	7	4	52	1	4	80	57	5	157	24	1	9	30	9	4	4	1	9	7	1	2	34	3	12	1	—	—

TABLE 4—continued.

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																			
		Tuberculosis, respiratory, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant neoplasms and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
										Stomach	Lung, bronchus	Breast	Uterus																								
Rishton .....	71	2	—	—	—	—	—	—	—	3	—	1	1	7	—	—	12	6	1	14	—	—	—	9	—	2	—	—	1	—	—	—	10	—	2	—	
Royton .....	146	2	—	—	—	—	—	—	—	8	2	2	1	17	—	3	13	11	1	31	4	1	2	10	—	—	—	1	5	2	—	23	2	3	—		
Skelmersdale .....	62	—	—	—	—	—	—	1	1	3	2	2	1	3	—	—	8	4	2	20	1	—	2	4	—	—	—	—	1	—	—	—	4	—	—	1	
Standish-with-Langtree .....	116	—	—	—	—	—	—	—	—	2	1	3	1	6	1	—	20	11	2	28	4	3	1	14	2	1	—	1	1	—	1	7	—	—	4	2	
Stretford (B) .....	685	15	—	—	—	—	—	—	2	23	29	10	6	49	5	2	90	99	21	88	33	4	22	52	7	8	5	6	4	—	8	68	9	13	4	—	
Swinton & Pendlebury (B) .....	408	14	—	—	—	—	—	—	—	16	19	5	1	31	2	—	56	54	4	75	15	1	14	29	5	3	—	4	2	1	2	34	5	12	3	—	
Thornton Cleveleys .....	205	5	—	—	—	—	—	—	—	8	3	2	2	22	2	—	30	13	4	54	7	2	7	9	1	3	—	5	1	1	—	18	1	4	1	—	
Tottington .....	85	2	—	—	—	1	—	—	—	3	2	—	—	6	—	—	14	10	2	12	4	2	2	3	—	1	—	1	3	—	1	10	1	3	2	—	
Trawden .....	27	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	4	7	—	3	1	—	1	—	—	1	—	—	—	—	—	3	—	4	1	—	
Turton .....	163	3	1	—	—	—	—	—	—	3	5	3	1	13	1	2	25	21	3	23	10	2	9	11	1	2	—	2	—	—	1	16	3	—	1	—	
Tyldesley .....	170	2	1	—	—	—	—	—	1	10	5	1	—	11	1	1	24	30	4	27	7	—	5	5	2	3	1	3	3	—	1	12	4	4	1	—	
Ulverston .....	126	—	—	—	—	—	—	—	1	4	1	1	1	16	2	1	24	20	1	25	2	—	3	3	2	—	—	1	4	1	—	1	8	1	3	—	
Upholland .....	58	—	—	—	—	1	—	—	—	1	1	1	—	4	—	—	12	9	1	13	2	—	2	1	2	—	—	1	—	—	—	6	—	—	1	—	
Urmston .....	363	2	—	—	—	3	—	—	—	15	14	9	3	30	1	2	44	47	17	42	17	2	8	37	2	3	—	3	5	—	4	30	3	15	3	—	
Walton-le-Dale .....	154	2	—	—	—	—	—	—	—	2	4	5	—	13	1	3	19	20	2	28	10	2	3	7	1	—	—	1	1	—	—	22	1	3	3	—	
Wardle .....	57	—	—	—	—	—	—	—	—	3	2	1	—	2	—	1	6	7	—	20	2	1	2	1	—	—	—	1	1	—	—	—	4	—	2	—	
Westhoughton .....	164	—	1	—	—	—	—	—	—	4	—	3	—	11	—	1	32	19	2	37	7	1	1	4	2	1	—	—	1	—	2	18	5	7	1	—	
Whitefield .....	139	3	—	—	—	—	—	1	2	2	10	4	1	12	—	2	19	15	4	21	7	3	7	5	—	3	1	1	—	—	3	8	—	5	—	—	
Whitworth .....	78	1	—	—	—	—	—	—	—	5	1	1	—	5	—	—	8	9	2	16	2	2	3	4	2	1	—	—	1	—	2	10	—	1	1	—	
Widnes (B) .....	442	10	1	—	—	—	—	1	4	19	30	15	2	46	1	2	50	39	15	62	13	2	16	18	5	5	4	2	3	1	4	55	3	10	4	—	
Withnell .....	34	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	5	2	1	8	3	1	1	3	—	1	—	2	1	—	—	—	—	—	1	1	—
Worsley .....	285	5	—	—	—	—	—	—	—	7	7	5	—	28	1	4	25	32	12	68	12	4	9	22	3	2	—	2	2	2	1	3	26	—	1	4	—
Total Urban Districts .....	21,339	297	32	59	2	10	7	10	68	694	599	355	158	1757	72	129	3052	2686	448	3967	834	183	635	1350	166	196	84	286	157	33	168	2039	153	442	186	14	



TABLE 4—continued.

RURAL DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																			
			Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
												Stomach	Lung, bronchus	Breast	Uterus																							
Blackburn .....	167	4	1	—	—	—	—	—	—	1	7	6	1	—	16	2	—	11	16	4	33	4	1	6	13	2	—	—	4	4	2	—	6	20	2	3	2	—
Burnley .....	242	3	1	—	—	—	—	—	—	—	8	7	3	2	17	—	1	57	31	6	43	5	1	2	17	3	1	1	1	3	1	—	—	20	2	5	2	—
Chorley .....	307	4	2	—	—	—	—	—	—	—	16	6	1	2	28	2	2	53	47	4	66	16	—	5	8	4	2	2	2	2	2	18	2	7	4	—		
Clitheroe .....	92	2	—	—	—	—	—	—	—	—	4	2	—	3	5	—	1	13	9	4	17	3	—	4	5	2	1	—	—	3	—	2	9	—	2	1	—	
Fylde .....	249	1	—	—	—	—	—	—	—	—	1	1	4	1	21	1	1	41	16	2	31	37	4	3	11	1	—	—	—	2	2	1	57	3	3	3	1	
Garstang .....	141	3	1	—	—	—	—	—	—	—	3	4	4	1	8	—	2	19	12	3	34	3	—	5	4	2	1	1	1	5	2	20	—	2	1	—		
Lancaster .....	130	1	1	—	—	—	—	—	—	1	10	5	3	1	6	1	—	15	28	6	20	3	2	—	5	—	—	—	—	—	—	14	5	—	4	—	—	
Lincolnhurst .....	91	2	—	—	—	—	—	—	—	—	3	1	1	1	4	1	—	10	8	1	23	5	—	4	13	1	1	—	—	1	—	—	5	—	2	1	—	
Lunesdale .....	75	—	1	—	—	—	—	—	—	—	2	4	2	1	8	—	2	14	8	2	12	1	1	—	1	—	—	—	—	—	—	11	—	2	1	—		
Preston .....	546	13	—	9	—	—	—	1	2	2	14	11	5	4	35	2	5	88	59	23	119	21	3	19	10	3	—	—	5	4	56	9	10	2	—	—		
Ulverston .....	194	2	2	—	—	—	—	—	—	—	5	5	4	3	16	2	1	29	19	—	54	4	—	5	5	1	3	—	—	2	3	16	3	2	3	4	—	
Warrington .....	331	14	—	3	—	1	—	—	—	2	7	10	6	2	29	3	2	30	36	9	72	5	—	13	22	1	5	—	—	3	4	32	6	7	2	—	—	
West Lancashire .....	475	4	—	—	—	—	—	—	—	4	11	13	7	3	32	1	2	71	75	14	83	21	—	11	17	4	4	1	1	9	6	56	9	7	3	—	—	
Whiston .....	415	9	—	1	—	1	—	—	—	2	9	12	9	4	22	2	5	61	50	11	81	20	1	13	18	5	1	3	4	1	48	5	4	3	—	—		
Wigan .....	87	2	1	—	—	—	—	—	—	—	2	1	3	—	8	—	—	13	12	1	21	3	2	1	4	—	1	—	—	—	—	8	—	3	1	—	—	
Total Rural Districts .....	3,542	64	10	13	—	2	—	1	2	13	102	88	53	28	255	17	24	525	426	90	709	151	15	91	153	29	20	13	42	31	6	41	390	42	65	30	1	
Total Urban Districts .....	21,339	297	32	59	2	10	11	7	10	68	694	599	355	158	1757	72	129	3052	2686	448	3967	834	183	635	1350	166	196	84	286	157	33	168	2039	153	442	186	14	
Administrative County .....	24,881	361	42	72	2	12	11	8	12	81	796	687	408	186	2012	89	153	3577	3112	538	4676	985	198	726	1503	195	216	97	328	188	39	209	2429	195	507	216	15	

TABLE 5—CAUSES OF DEATH at different periods of life

Year ended 31st December, 1953

CAUSES OF DEATH	Col.	Sex	ADMINISTRATIVE COUNTY										AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
			YEARS										YEARS										YEARS									
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-			
ALL CAUSES		M. F.	12616 12265	471 409	97 80	73 50	99 90	616 540	3667 2551	3741 3474	3852 5071	10781 10558	392 354	88 67	55 41	69 73	509 437	3155 2212	3229 3025	3284 4349	1835 1707	79 55	9 13	18 9	30 17	107 103	512 339	512 449	568 722			
Tuberculosis, respiratory	1	M. F.	238 123	— —	— —	— —	2 14	44 54	137 36	45 16	10 3	205 92	— —	— —	— —	1 9	39 42	117 27	40 12	8 2	33 31	— —	— —	— —	1 5	5 12	20 9	5 4	21 1			
Tuberculosis, other	2	M. F.	17 25	— —	4 3	3 2	1 2	6 4	2 11	1 1	2 —	15 17	— —	3 2	3 1	1 1	5 3	2 8	1 1	— —	2 8	— —	1 1	— —	1 1	1 1	— 3	— —	— 2			
Syphilitic disease	3	M. F.	46 26	1 —	— —	— —	1 —	1 1	26 14	13 6	4 5	37 22	1 —	— —	— —	— —	1 1	19 11	13 6	3 4	9 4	— —	— —	— —	1 —	— —	7 3	— —	— —			
Diphtheria	4	M. F.	2 —	— —	1 —	1 —	— —	— —	— —	— —	— —	2 —	— —	1 —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —			
Whooping cough	5	M. F.	5 7	4 3	1 3	— —	— —	— —	— 1	— —	— —	3 7	3 3	— 3	— —	— —	— —	— 1	— —	— —	2 —	1 —	1 —	— —	— —	— —	— —	— —	— 5			
Meningococcal infections	6	M. F.	9 2	4 1	4 —	— 1	— —	— —	— —	1 —	— —	9 2	4 1	4 —	— 1	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —			
Acute poliomyelitis	7	M. F.	8 —	1 —	2 —	2 —	— —	3 —	— —	— —	— —	7 —	1 —	2 —	1 —	— —	3 —	— —	— —	— —	1 —	— —	— —	1 —	— —	— —	— —	— —	— 7			
Measles	8	M. F.	5 7	3 2	1 4	1 1	— —	— —	— —	— —	— —	4 6	2 2	1 3	1 1	— —	— —	— —	— —	— —	1 4	1 —	— —	— —	— —	— —	— —	— —	— —			
Other infective and parasitic diseases	9	M. F.	39 42	4 2	5 2	2 1	3 5	3 11	13 11	4 5	5 5	35 33	4 2	4 2	2 —	3 4	3 7	11 9	4 4	4 5	4 9	— —	— —	1 —	— —	— —	— —	2 1	— 10			
Malignant neoplasm, stomach	10	M. F.	440 356	— —	— —	— —	— —	12 6	164 83	175 150	89 117	382 312	— —	— —	— —	— —	11 6	144 73	153 132	74 101	58 44	— —	— —	— —	— —	1 —	20 10	22 18	10 14			
lung, bronchus	11	M. F.	581 106	— —	— —	— —	— —	37 11	346 50	153 24	45 21	509 90	— —	— —	— —	— —	31 9	297 40	139 22	42 19	72 16	— —	— —	— —	— —	6 2	49 10	14 2	1 —			
breast	12	M. F.	9 399	— —	— —	— —	— —	1 37	6 188	2 113	— 61	8 347	— —	— —	— —	— —	1 34	5 160	2 99	— 54	1 52	— —	— —	— —	— —	3 28	1 14	— —	2 —			
uterus	13	F.	186	—	—	—	—	24	91	52	19	158	—	—	—	—	21	77	43	17	28	—	—	—	—	3	14	9	13			
Other malignant and lymphatic neoplasms	14	M. F.	1088 924	— —	4 3	2 3	6 5	50 54	331 339	362 292	333 231	957 800	— —	4 3	1 2	6 6	44 46	288 296	322 253	292 198	131 124	— —	— —	1 1	— —	6 8	43 43	40 39	4 3			
Leukaemia, aleukaemia	15	M. F.	43 46	— 1	4 3	3 5	3 3	4 6	16 13	7 9	6 6	33 39	— 1	4 2	2 5	3 3	2 6	13 12	5 6	4 4	10 7	— —	— —	1 —	— —	2 —	3 1	2 3	15 1			
Diabetes	16	M. F.	51 102	— —	1 —	— —	— 2	3 4	15 23	15 37	17 36	44 85	— —	1 —	— —	— 1	3 3	13 20	12 31	15 30	7 17	— —	— —	— —	— 1	— 1	2 3	3 6	— —			
vascular lesions of nervous system	17	M. F.	1534 2043	— —	— 1	1 1	3 4	25 35	331 355	552 695	622 952	1305 1747	— —	— —	1 1	3 4	20 28	283 318	474 598	524 798	229 296	— —	— —	— 1	— —	— —	5 7	48 37	78 97	9 15		
Coronary disease, angina	18	M. F.	2001 1111	— —	— —	— —	1 —	63 11	803 275	735 448	399 377	1719 967	— —	— —	— —	1 —	52 8	699 241	625 399	342 319	282 144	— —	— —	— —	— —	11 3	104 30	110 49	573 58			
Hypertension with heart disease	19	M. F.	251 287	— —	— —	— —	— —	3 1	69 58	100 112	79 116	206 242	— —	— —	— —	— —	2 48	59 102	80 92	65 45	45 45	— —	— —	— —	— —	1 1	10 10	20 10	149 24			
Other heart disease	20	M. F.	1893 2783	— —	1 —	1 2	10 12	46 75	298 352	531 695	1006 1647	1592 2375	— —	1 —	1 2	7 9	40 60	247 304	444 586	852 1414	301 408	— —	— —	— —	3 3	6 15	51 48	87 109	154 232			
Other circulatory disease	21	M. F.	471 514	— 1	— —	— —	— 1	13 13	95 56	129 150	234 293	402 432	1 —	— —	— —	— 1	11 12	82 46	108 126	201 246	69 82	— —	— —	— —	— —	2 1	13 10	21 24	331 47			
Influenza	22	M. F.	89 109	2 1	2 1	— —	— 1	3 5	31 19	28 23	54 24	81 102	2 1	2 —	— —	— 1	2 4	29 18	24 26	22 52	8 7	— —	— —	— —	— —	1 1	2 1	4 2	12 —			
Pneumonia	23	M. F.	408 318	67 51	10 17	5 1	1 2	19 11	79 40	108 73	119 123	354 281	58 46	10 13	3 —	— 2	11 9	62 33	102 69	108 109	54 37	9 5	— 4	2 1	1 —	8 2	17 7	6 4	118 14			
Bronchitis	24	M. F.	939 564	10 13	— 5	1 1	1 2	21 8	308 86	330 177	268 272	839 511	9 13	— 5	— 1	— —	21 7	273 78	299 161	237 246	100 53	1 —	— —	1 —	1 2	— 1	35 8	31 16	304 20			
Other diseases of respiratory system	25	M. F.	127 68	4 3	1 3	2 2	1 1	13 5	55 23	25 9	26 22	105 61	4 2	1 3	1 1	— 1	10 5	50 20	20 9	19 20	22 7	— 1	— —	1 1	— —	3 3	5 3	5 —	75 2			
Ulcer of stomach and duodenum	26	M. F.	159 57	— —	— —	— —	— —	16 2	64 14	49 21	30 20	144 52	— —	— —	— —	— —	15 1	59 12	45 19	25 20	15 5	— —	— —	— —	— —	1 1	5 2	4 2	59 —			
Gastritis, enteritis and diarrhoea	27	M. F.	43 54	13 9	3 3	— —	— 1	2 3	10 11	7 11	8 16	36 48	11 9	2 3	— —	— 1	2 2	9 9	6 10	6 14	7 6	2 —	1 —	— —	— —	— 1	1 2	1 1	27 2			
Nephritis and nephrosis	28	M. F.	165 163	— —	1 —	1 —	3 8	31 19	49 50	39 47	41 39	140 146	— —	1 —	1 —	3 8	25 17	45 44	30 43	35 34	25 17	— —	— —	— —	— —	6 2	4 6	9 4	63 5			
Hyperplasia of prostate	29	M.	188	—	—	—	—	—	14	60	114	157	—	—	—	—	—	12	51	94	31	—	—	—	—	—	2	9	209			
Pregnancy, childbirth, abortion	30	F.	39	—	—	—	4	33	2	—	—	33	—	—	—	4	27	2	—	—	6	—	—	—	—	6	—	—	—			
Congenital malformations	31	M. F.	99 110	71 85	11 8	4 3	1 3	5 4	5 4	2 1	— 2	78 90	56 67	10 8	2 3	— 2	3 4	5 3	2 1	— 2	21 20	15 18	1 —	2 —	1 1	— —	— 1	— —	— —			
Other defined and ill-defined diseases	32	M. F.	1092 1337	272 228	23 9	15 14	16 18	60 76	229 257	182 242	295 493	898 1141	225 198	21 6	11 11	11 16	41 50	188 227	154 211	247 422	194 196	47 30	2 3	4 3	5 2	19 26	41 30	28 31	42 71			
Motor vehicle accidents	33	M. F.	149 46	— —	6 5	13 9	22 1	44 3	31 14	17 8	16 6	115 38	— —	5 5	10 8	12 1	36 2	27 11	10 7	15 4	34 8	— —	1 —	3 1	10 —	8 1	4 3	7 1	13 —			
All other accidents	34	M. F.	284 223	13 8	10 10	15 2	17 9	58 9	77 31	47 37	47 125	239 203	10 7	10 9	13 2	12 1	52 9	64 26	43 35	35 114	45 20	3 1	— 1	2 —	5 —	6 5	13 2	4 1	14 13			
Suicide	35	M. F.	132 84	— —	— —	— —	7 3	29 14	61 44	19 15	16 8	111 75	— —	— —	— —	6 2	22 13	51 38	17 14	15 8	21 9	— —	— —	— —	— —	1 1	7 1	10 6	15 —			
Homicide and operations of war	36	M. F.	11 4	2 1	2 —	1 2	— —	1 1	2 —	3 —	— —	10 4	2 1	1 —	1 2	— —	1 1	2 —	3 —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —			



TABLE 6—HOUSING

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1953

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						UNFIT DWELLINGS								
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Abram.....	12	—	12	—	—	—	—	—	251	659	17	23	17	212	143
Accrington (B) .....	236	132	228	132	—	—	8	—	665	2,139	—	—	8	657	810
Adlington .....	9	—	6	—	—	—	3	—	73	73	—	—	—	70	68
Ashton-in-Makerfield .....	106	32	76	32	—	—	30	—	383	1,434	35	63	16	364	294
Ashton-under-Lyne (B) .....	24	—	18	—	—	—	6	—	5,060	9,915	15	44	—	792	659
Aspull .....	30	—	29	—	—	—	1	—	170	410	—	—	—	99	78
Atherton .....	24	20	14	20	—	—	10	—	853	1,336	17	43	8*	587	502
Audenshaw.....	50	—	34	—	—	—	16	—	176	833	—	—	4	172	197
Bacup (B) .....	64	60	54	60	—	—	10	—	192	781	23	174	23	169	117
Barrowford.....	19	—	16	—	—	—	3	—	156	395	—	—	—	156	141
Billinge & Winstanley .....	50	—	26	—	—	—	24	—	56	114	—	—	—	56	50
Blackrod .....	14	—	14	—	—	—	—	—	108	294	—	—	8	48	15
Brierfield .....	13	10	7	10	—	—	6	—	176	240	—	—	—	27	28
Carnforth .....	95	—	90	—	—	—	5	—	75	140	—	—	—	50	50
Chadderton .....	214	—	116	—	—	—	98	—	2,207	5,384	72	213	65	512	537
Chorley (B) .....	152	—	129	—	—	—	23	—	1,267	4,034	296	331	32	611	724
Church .....	12	—	4	—	—	—	8	—	37	44	10	14	—	27	20
Clayton-le-Moors .....	79	—	79	—	—	—	—	—	57	249	11	32	—	46	8
Clitheroe (B) .....	50	24	48	24	—	—	2	—	154	162	—	—	3	48	31
Colne (B) .....	22	34	16	34	—	—	6	—	261	830	24	76	24	128	96
Crompton .....	58	—	58	—	—	—	—	—	54	125	6	14	3	51	43

TABLE 6—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						UNFIT DWELLINGS								
	Total		By Local Authority		By Other Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
			Houses	Flats	Houses	Flats									
	Houses	Flats					Houses	Flats							
Crosby (B) .....	175	12	120	12	—	—	55	—	5,477	11,326	—	—	—	1,251	1,009
Dalton-in-Furness .....	61	—	58	—	—	—	3	—	54	202	3	5	3	51	33
Darwen (B) .....	13	24	4	24	—	—	9	—	140	264	140	264	85	55	33
Denton .....	142	8	98	8	10	—	34	—	1,158	2,225	497	1,102	16	274	197
Droylsden .....	6	84	—	84	—	—	6	—	392	1,639	—	—	—	392	293
Eccles (B) .....	182	—	155	—	—	—	27	—	1,780	1,780	7	7	5	1,175	1,677
Failsworth .....	59	—	58	—	—	—	1	—	959	1,496	17	58	337	203	291
Farnworth (B) .....	73	20	64	20	2	—	7	—	361	3,029	15	26	10	322	214
Fleetwood (B) .....	215	—	146	—	—	—	69	—	814	1,104	344	344	—	164	174
Fornby .....	85	9	26	—	—	—	59	9	38	41	3	3	1	26	10
Fulwood .....	38	3	2	—	—	—	36	3	127	478	—	—	4	109	97
Golborne .....	180	—	159	—	—	—	21	—	310	1,253	17	23	17	221	129
Grange .....	15	1	6	—	—	—	9	1	2	8	—	—	—	2	1
Great Harwood .....	71	16	62	16	—	—	9	—	220	399	12	24	12	60	58
Haslingden (B) .....	55	32	51	32	—	—	4	—	264	369	14	14	14	146	98
Haydock .....	84	—	71	—	—	—	13	—	438	1,040	—	—	—	336	310
Heywood (B) .....	116	—	102	—	—	—	14	—	965	2,905	—	—	13	895	826
Hindley .....	57	—	36	—	10	—	11	—	523	1,571	—	—	8	515	399
Horwich .....	131	12	110	12	—	—	21	—	441	1,996	—	—	—	326	363
Huyton-with-Roby .....	353	16	290	16	4	—	59	—	2,819	4,834	273	308	—	300	271
Ince-in-Makerfield .....	64	—	60	—	—	—	4	—	1,384	1,897	—	—	6	843	759



TABLE 6—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						UNFIT DWELLINGS								
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Irlam	30	—	18	—	—	—	12	—	180	1,832	—	—	3	163	94
Kearsley	23	—	18	—	—	—	5	—	51	51	—	—	6	45	40
Kirkham	37	—	29	—	—	—	8	—	330	639	—	—	2	302	262
Lancaster (B)	121	8	98	8	—	—	23	—	149	227	108	134	22	106	6
Lees	6	—	6	—	—	—	—	—	288	579	—	—	6	64	72
Leigh (B)	154	24	132	24	4	—	18	—	1,278	4,840	6	18	12	480	262
Leyland	274	—	125	—	142	—	7	—	82	151	—	—	6	54	43
Litherland	125	38	108	38	—	—	17	—	1,800	2,399	27	62	20	280	266
Littleborough	76	—	76	—	—	—	—	—	1,156	1,665	13	50	13	72	61
Little Lever	2	—	—	—	—	—	2	—	102	200	3	6	15	10	26
Longridge	30	—	28	—	—	—	2	—	126	185	—	—	2	25	22
Lytham St. Annes (B)	202	31	56	24	—	—	146	7	22	81	—	—	—	—	—
Middleton (B)	715	—	146	—	506	—	63	—	107	257	63	213	59	48	40
Milnrow	37	4	33	4	—	—	4	—	165	390	—	—	18	75	47
Morecambe & Heysham (B)	176	10	68	4	—	—	108	6	850	1,781	—	—	—	456	657
Mossley (B)	46	—	40	—	2	—	4	—	395	841	—	—	—	208	182
Nelson (B)	45	—	39	—	—	—	6	—	123	759*	—	—	—	123	55
Newton-le-Willows	42	8	34	8	6	—	2	—	328	1,860	24	36	—	205	168
Ormskirk	109	—	80	—	—	—	29	—	976	1,621	—	—	4	221	123
Orrell	62	—	48	—	—	—	14	—	132	462	3	7	3	74	80

TABLE 6—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						UNFIT DWELLINGS								
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total in col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit as human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Oswaldtwistle	30	—	23	—	—	—	7	—	68	68	—	—	—	68	57
Padiham	43	—	40	—	—	—	3	—	183	351	—	—	3	44	64
Poulton-le-Fylde	166	24	69	24	—	—	97	—	465	545	—	—	—	390	390
Preesall	9	—	—	—	—	—	9	—	97	194	—	—	—	—	—
Prescot	149	110	148	110	—	—	1	—	1,334	2,034	—	—	—	189	97
Prestwich (B)	121	22	101	20	2	—	18	2	487	1,166	—	—	2	83	72
Radcliffe (B)	106	38	90	38	—	—	16	—	383	591	3	4	21	142	135
Rainford	46	—	34	—	—	—	12	—	15	52	—	—	—	—	5
Ramsbottom	50	3	43	—	—	—	7	3	142	142	—	—	38	25	4
Rawtenstall (B)	159	10	154	10	—	—	5	—	386	971	11	50	11	375	348
Rishton	—	—	—	—	—	—	—	—	73	172	—	—	—	64	59
Royton	45	—	38	—	—	—	7	—	115	255	6	12	6	90	60
Skelmersdale	36	—	32	—	—	—	4	—	926	2,006	—	—	—	283	314
Standish-with-Langtree	10	20	6	20	—	—	4	—	134	295	—	—	2	132	128
Stretford (B)	58	94	8	94	—	—	50	—	1,296	4,064	—	—	3	933	938
Swinton & Pendlebury (B)	92	—	60	—	—	—	32	—	970	2,698	—	—	18	578	612
Thornton Cleveleys	87	8	33	8	—	—	54	—	23	287	—	—	—	16	7
Tottington	43	—	36	—	—	—	7	—	93	109	—	—	12	73	22
Trawden	11	—	11	—	—	—	—	—	68	112	—	—	—	12	28
Turton	23	—	—	—	—	—	23	—	456	492	—	—	3	420	391



TABLE 6—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						UNFIT DWELLINGS								
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
			Houses	Flats	Houses	Flats	Houses	Flats							
	Houses	Flats													
Tyldesley	52	—	30	—	10	—	12	—	384	1,747	—	—	14	120	161
Ulverston	110	—	100	—	—	—	10	—	125	342	—	—	7	50	34
Upholland	50	—	46	—	—	—	4	—	86	86	—	—	9	24	33
Urnston	377	4	116	4	—	—	261	—	434	1,460	21	63	147	287	129
Walton-le-Dale	95	26	46	26	—	—	49	—	1,124	1,265	—	—	23	—	—
Wardle	2	—	—	—	—	—	2	—	174	231	11	20	2	49	44
Westhoughton	76	—	60	—	—	—	16	—	82	410	—	—	—	—	71
Whitefield	86	—	75	—	—	—	11	—	64	224	9	33	9	55	35
Whitworth	49	—	48	—	—	—	1	—	122	145	—	—	23	15	31
Widnes (B)	462	—	431	—	—	—	31	—	1,680	5,174	32	120	85	1,512	430
Withnell	2	—	—	—	—	—	2	—	26	48	—	—	1	20	10
Worsley	575	60	555	60	—	—	20	—	220	652	—	—	—	165	147
Total Urban Districts	9,040	1,091	6,367	1,060	698	—	1,975	31	51,972	118,655	2,208	4,033	1,372	21,773	19,215

TABLE 6—continued

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR						UNFIT DWELLINGS									
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action	
			Houses	Flats	Houses	Flats	Houses	Flats								Houses
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats
Blackburn .....	53	—	38	—	—	—	15	—	139	179	79	94	27	84	31	
Burnley .....	37	—	22	—	1	—	14	—	149	458	—	—	8	149	92	
Chorley .....	86	—	39	—	—	—	47	—	250	344	—	—	9	85	70	
Clitheroe .....	14	—	—	—	—	—	14	—	288	335	27	35	5	172	159	
Fylde .....	160	—	137	—	—	—	23	—	494	615	—	—	57	170	9	
Garstang .....	91	—	69	—	—	—	22	—	128	263	11	20	8	43	31	
Lancaster .....	97	24	18	24	—	—	79	—	232	367	2	4	2	156	154	
Limehurst .....	238	—	—	—	231	—	7	—	295	357	—	—	—	103	112	
Lunesdale .....	34	—	20	—	—	—	14	—	301	465	246	320	3	62	38	
Preston .....	198	20	98	20	19	—	81	—	88	157	9	12	9	49	34	
Ulverston .....	46	—	24	—	—	—	22	—	191	492	—	—	3	174	32	
Warrington .....	102	—	80	—	—	—	22	—	374	1,338	—	—	3	264	214	
West Lancashire .....	452	40	194	36	20	—	238	4	625	79	101	176	—	404	378	
Whiston .....	1,054	345	119	—	837	345	98	—	2,300	3,300	—	—	11	1,108	730	
Wigan .....	106	36	84	36	—	—	22	—	210	247	12	12	31	72	120	
Total Rural Districts .....	2,768	465	942	116	1,108	345	718	4	6,064	8,996	487	673	176	3,095	2,204	
Total Urban Districts .....	9,040	1,091	6,367	1,060	698	—	1,975	31	51,972	118,655	2,208	4,033	1,372	21,773	19,215	
Total Administrative County .....	11,808	1,556	7,309	1,176	1,806	345	2,693	35	58,036	127,651	2,695	4,706	1,548	24,868	21,419	



TABLE 7—CHILD WELFARE CENTRES

SUMMARY, BY HEALTH DIVISIONS, OF ATTENDANCES DURING 1953

Health Division No.	No. of centres at—		No. of sessions during year	*No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)			Average attendances (all children) per session	No. of attendances by expectant mothers
	1st January, 1953	31st December, 1953		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)		
1	6	6	167	269	295	283	3,226	690	928	29.0	—
2	11	11	477	1,004	973	961	16,307	2,473	2,346	44.3	6
3	12	12	579	996	525	1,000	16,157	4,550	4,754	44.0	27
4	22	23	824	1,704	1,376	1,137	26,042	4,971	3,994	42.5	—
5	12	12	771	1,384	663	672	22,116	4,834	2,833	38.6	—
6	12	12	594	856	800	1,197	15,135	4,401	4,390	40.3	46
7	14	14	800	1,227	403	461	23,996	4,255	3,493	39.7	82
8	11	11	741	1,196	1,028	1,006	22,657	5,274	3,389	42.3	—
9	12	13	885	1,841	1,454	900	21,365	2,334	1,656	28.6	—
10	11	11	553	910	673	889	16,238	4,475	4,086	44.8	169
11	14	14	978	1,720	1,095	965	32,343	5,656	4,208	43.2	—
12	15	16	818	1,376	1,333	1,306	23,258	5,267	3,641	39.3	5
13	8	7	369	764	244	443	14,846	2,517	2,128	52.8	—
14	10	10	744	1,150	949	864	20,711	3,838	2,607	36.5	—
15	11	12	835	1,529	1,475	1,275	28,691	6,486	3,460	46.3	—
16	7	7	507	1,187	962	1,458	18,503	4,320	4,041	53.0	191
17	12	13	688	1,547	611	739	22,747	5,022	2,928	44.6	—
Total— Administrative County .....	200	204	11,330	20,660	14,859	15,556	344,338	71,363	54,882	41.5	526

\* Age as at end of year.

TABLE 8--ANTENATAL CLINICS  
SUMMARY, BY HEALTH DIVISIONS, OF ANTENATAL AND POST-NATAL ATTENDANCES DURING 1953

Health Division No.	No. of clinics at		No. of sessions during year conducted by--		ANTENATAL ATTENDANCES				POST-NATAL ATTENDANCES	
	1st January, 1953	31st December, 1953			No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of individual women attending	No. of attendances
			Medical Officers	Midwives						
1	2	2	83	15	527	1,951	19.9	3.7	217	237
2	4	3	102	2	209	689	6.6	3.3	49	67
3	3	3	101	28	512	2,298	17.8	4.5	188	249
4	3	3	180	43	1,432	6,423	28.8	4.5	181	200
5	7	7	428	60	1,438	7,423	15.2	5.2	49	49
6	1	4	35	161	413	1,955	10.0	4.7	9	9
7	6	5	251	—	560	2,351	9.4	4.2	169	205
8	7	7	192	2	1,293	6,200	32.0	4.8	37	37
9	5	5	320	—	1,382	5,031	15.7	3.6	246	284
10	3	3	104	5	353	1,039	9.5	2.9	40	41
11	8	8	358	66	2,170	9,001	21.2	4.1	176	182
12	5	6	240	48	812	3,616	12.6	4.5	158	177
13	3	5	138	156	684	2,478	8.4	3.6	62	64
14	7	7	315	—	988	4,319	13.7	4.4	120	123
15	6	6	386	105	2,142	10,320	21.0	4.8	360	415
16	2	2	85	5	196	683	7.6	3.5	72	82
17	6	6	159	—	822	2,665	16.8	3.2	21	21
Total— Administrative County .....	78	82	3,477	696	15,933	68,442	16.4	4.3	2,154	2,442



TABLE 9—CARE OF PREMATURE INFANTS  
STATEMENT, BY HEALTH DIVISIONS, REGARDING PREMATURE INFANTS BORN AT HOME WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

Health Division No.	Total number born				NURSED ENTIRELY AT HOME						TRANSFERRED TO HOSPITAL					
					D—Died during period			S—Survived			D—Died during period			S—Survived		
					First 24 hours			2nd to 28th day			First 24 hours			2nd to 28th day		
	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 5lb. 8oz. to 6lb. 4oz. or less	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 5lb. 8oz. to 6lb. 4oz. or less	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 5lb. 8oz. to 6lb. 4oz. or less	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 5lb. 8oz.	Over 5lb. 8oz. to 6lb. 4oz. or less
1	—	3	1	3 { D S	—	1	1	3	—	1	2	—	—	—	—	—
2	3	4	1	5 { D S	—	—	—	2	—	—	4	1	2	1	3	—
3	1	5	3	9 { D S	—	5	3	6	—	—	—	—	1	—	—	—
4	6	6	2	19 { D S	2	4	—	17	1	3	2	—	2	2	1	1
5	3	6	5	14 { D S	2	6	5	13	—	5	—	1	1	—	—	1
6	3	4	5	15 { D S	1	2	2	14	—	2	2	2	1	2	1	—
7	3	2	3	17 { D S	2	1	2	15	—	1	1	2	1	1	1	1
8	6	8	1	23 { D S	—	3	1	1	2	3	4	1	2	3	1	3
9	8	18	15	49 { D S	1	11	13	45	1	10	6	—	3	2	1	2
10	5	8	5	15 { D S	2	4	4	14	1	4	3	1	2	—	—	—
11	6	5	1	40 { D S	—	1	1	30	—	1	3	1	3	1	2	10
12	1	2	2	10 { D S	—	2	2	8	—	2	—	—	1	—	1	1
13	—	5	3	8 { D S	—	1	—	6	—	1	4	2	—	4	3	2
14	2	7	10	16 { D S	—	4	9	16	—	4	1	1	—	1	1	—
15	2	4	2	16 { D S	1	1	2	15	—	1	2	1	—	2	—	1
16	1	3	1	9 { D S	—	2	1	7	—	2	1	—	—	1	2	—
17	3	7	10	30 { D S	1	6	10	29	—	6	1	—	1	1	—	—
Total—Administrative County .....	53	97	70	295 { D S	12 4	4 54	56	258	2	4 50	3 53	4 254	14 23	3 36	2 12	6 27

TABLE 10—CARE OF PREMATURE INFANTS

STATEMENT, BY HEALTH DIVISIONS, REGARDING PREMATURE INFANTS WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA AND WHO WERE (I) BORN IN PRIVATE NURSING HOMES, INCLUDING MATERNITY HOMES NOT IN THE NATIONAL HEALTH SERVICE, AND MOTHER AND BABY HOMES, AND (II) BORN IN HOSPITALS, INCLUDING MATERNITY HOMES IN THE NATIONAL HEALTH SERVICE

Health Division No.	(I) BORN IN PRIVATE NURSING HOMES, ETC.										(II) BORN IN HOSPITALS, ETC.									
	NURSED ENTIRELY IN PRIVATE NURSING HOME					TRANSFERRED TO HOSPITAL					Total number born					DEATHS AND SURVIVALS				
	D—Died during period					D—Died during period					D—Died during period					D—Died during period				
	First 24 hours					First 24 hours					First 24 hours					First 24 hours				
	Over 3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	3lb. 4oz. or less	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.
1	—	—	—	—	—	—	—	—	—	—	10	3	12	D 1 S 1	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—	—	—	15	20	32	D 6 S 6	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	12	19	64	D 3 S 5	—	—	—	—	—	—
4	3	4	9	2	—	—	—	—	—	—	24	34	79	D 10 S 6	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	23	22	63	D 4 S 11	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	14	15	27	D 9 S 2	—	—	—	—	—	—
7	1	1	1	11	—	—	—	—	—	—	21	21	58	D 11 S 16	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	25	23	44	D 6 S 7	—	—	—	—	—	—
9	—	1	—	—	—	—	—	—	—	—	22	37	71	D 7 S 16	—	—	—	—	—	—
10	—	1	1	4	—	—	—	—	—	—	8	9	16	D 5 S 7	—	—	—	—	—	—
11	—	—	—	—	—	—	—	—	—	—	23	31	65	D 5 S 10	—	—	—	—	—	—
12	—	2	3	4	—	—	—	—	—	—	13	19	57	D 5 S 8	—	—	—	—	—	—
13	—	—	1	—	—	—	—	—	—	—	15	9	25	D 4 S 4	—	—	—	—	—	—
14	—	—	—	—	—	—	—	—	—	—	19	17	39	D 10 S 5	—	—	—	—	—	—
15	—	—	1	1	—	—	—	—	—	—	26	28	46	D 2 S 3	—	—	—	—	—	—
16	—	—	—	—	—	—	—	—	—	—	27	18	61	D 6 S 2	—	—	—	—	—	—
17	—	—	—	—	—	—	—	—	—	—	21	18	55	D 5 S 3	—	—	—	—	—	—
Total—Administrative County	4	9	17	40	3	5	14	40	1	5	318	343	814	D 98 S 112	32	338	5	11	327	791



TABLE 11—MOTHER AND BABY HOMES

STATEMENT, BY HEALTH DIVISIONS, SHOWING THE NUMBER OF UNMARRIED EXPECTANT MOTHERS AND POST-NATAL CASES FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1953

Home	* No. of cases admitted from Health Division No.																	Total— Administrative County
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Coledale Hall, Carlisle	—	1	—	—	—	1(1)	—	—	—	—	—	—	—	—	1	—	—	2
Ennismore Hostel, Eccles	—	—	—	—	—	1	—	—	1(1)	—	—	—	—	—	2(1)	—	—	3(2)
Fylde House of Help, Blackpool	—	—	3(1)	—	—	2	—	—	2	—	—	2(2)	—	—	—	3(2)	4(2)	7(4)
The Grange, Wylshire, nr. Blackburn	—	3	—	8	5(1)	—	3	—	5(1)	—	5(1)	4	—	—	3	—	—	42(6)
Home of the Good Samaritan, Grappenhall	—	—	—	—	1	—	—	—	—	—	2(1)	—	—	—	—	—	—	13(3)
Lancaster, Morecambe and District Moral Welfare Association,	1	2(1)	—	2	—	—	—	—	—	1	—	—	—	—	1	1	1	9(1)
Girls' Hostel, Queen Street, Lancaster	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Liverpool Catholic Children's Protection Society, 42 High Street,	—	—	—	3(1)	—	—	5	1(1)	5(1)	1	1	—	—	—	—	—	—	16(3)
Manchester, 13	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Manchester and Salford Methodist Mission Home, Oldham Street,	—	—	—	—	—	—	—	—	—	—	—	1(1)	—	1	—	—	—	3(1)
Manchester	—	—	—	1	—	3	—	—	—	—	—	—	—	—	1	—	—	5
Preston Moral Welfare Council, Parkinson House, West Cliff, Preston	1	—	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	5
Sacred Heart Maternity Home, Brettargh Holt, nr. Kendal	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2(1)	—	4(1)
St. Agnes' House, Upper Brook Street, Manchester	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1
St. Faith's Maternity Home, Bearstead, nr. Maidstone, Kent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1(1)
St. Hilda's Hostel, Linnet Lane, Liverpool	—	—	—	—	—	—	—	—	1(1)	—	—	—	—	—	—	—	—	7
St. Margaret's Home, Goose Green, Wigan	—	—	—	—	—	—	3	1	1	1	—	—	1	—	—	—	—	2
St. Margaret's Home, Moor Road, Leeds	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	8(2)
St. Margaret's House, Balmoral Place, Halifax	—	—	—	—	—	—	—	—	—	—	—	2(1)	—	1	1	1	—	17(1)
St. Monica's, Croxteth Road, Liverpool	—	—	—	—	—	—	10	1	3(1)	—	—	—	—	1	1	3	—	28
St. Monica's Maternity Home, Kendal	6	2	1	—	—	3	1	—	—	—	3	1	1	—	7	1	2	8
St. Teresa's Home and Nursery, Salford	—	—	—	—	2	1	—	—	—	—	—	2	—	—	1	—	—	5(1)
Salvation Army Home, North Mossley Hill Road, Liverpool	—	—	—	—	—	—	1(1)	—	2	—	—	—	—	—	—	—	—	—
„ „ „ Mandley Park Avenue, Higher Broughton,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
„ „ „ Salford	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
„ „ „ Sapworth House, London, E.5	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
The Shelter, Springfield, Castle Road, Kendal	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Simpson Hill Maternity Home, Heywood	—	—	—	—	—	—	—	—	1	—	1	1	1	1(1)	—	1	2	8(1)
Sutton House, Sutton-on-Hull, Yorkshire	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total	8	8(1)	6(1)	14(1)	8(1)	12(1)	23(1)	3(1)	21(5)	9(1)	14(2)	15(4)	6	5(1)	18(1)	16(3)	12(3)	198(27)

\* These normally are expectant mothers. Post-natal cases are included and also shown separately in brackets.





TABLE 13—DAY NURSERIES  
STATEMENT, BY HEALTH DIVISIONS, OF STAFF ENGAGED AND MOTHERS RELEASED FOR EMPLOYMENT AT 31ST DECEMBER, 1953

Health Division No.	No. of nurseries	*No. of staff	Mothers released for—		Ratio of mothers in full-time employment to one unit of staff
			Full-time employment	Part-time employment	
1	—	—	—	—	—
2	2	24·9	99	7	4·0
3	1	11·5	47	2	4·1
4	3	41·8	129	5	3·1
5	8	94·7	288	11	3·0
6	4	60·7	182	13	3·0
7	1	18	75	1	4·2
8	—	—	—	—	—
9	4	42	153	5	3·6
10	1	7·1	11	—	1·5
11	4	56·2	195	1	3·5
12	1	14	55	—	3·9
13	4	41·8	151	4	3·6
14	6	62·8	231	—	3·7
15	4	42	141	4	3·4
16	8	78	245	3	3·1
17	7	87·2	327	—	3·8
Total— Administrative County .....	58	682·7	2,329	56	3·4

\* Equivalent of full-time personnel, including domestics, and counting two students as one unit of staff.

TABLE 14—HOME NURSING  
ANALYSIS OF COMPLETED CASES BY SEX AND AGE GROUPS—YEAR ENDED 31ST DECEMBER, 1953

Disease or ailment	Total cases (both sexes)	Males										Females					
		0—		5—		15—		45—		65—		0—		5—		15—	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system	749	2.1		—		3	0.2	224	8.7	165	4.5	27	0.5	419	3.0	135	0.1
Other infective and parasitic diseases	1,035	3.0		95	6.5	109	7.9	83	3.2	47	1.3	33	0.7	367	2.6	172	0.7
Cancer	1,715	4.9		—		3	0.2	36	1.4	286	7.9	422	8.6	747	5.3	3	0.3
Diabetes	553	1.6		—		2	0.1	12	0.5	36	1.0	68	1.4	118	0.8	2	0.2
Anaemias and other blood diseases	768	2.2		—		1	0.1	13	0.5	47	1.3	108	2.2	169	1.2	1	0.1
Mental, psychoneurotic disorders	67	0.2		—		—		2	0.1	7	0.2	11	0.2	20	0.1	1	0.1
Cerebral haemorrhage, cerebral embolism and thrombosis	1,086	3.1		—		—		6	0.2	82	2.3	338	6.9	426	3.0	1	0.1
Other diseases of central nervous system	1,267	3.6		2	0.1	—		21	0.8	120	3.3	365	7.4	508	3.6	4	0.3
Diseases of eye, ear and mastoid process	1,290	3.7		188	12.9	231	16.8	62	2.4	25	0.7	19	0.4	525	3.8	155	16.1
Diseases of heart and circulatory system	3,294	9.4		14	1.0	21	1.5	68	2.6	350	9.6	889	18.1	1,342	9.6	17	1.4
Influenza	341	1.0		5	0.3	14	1.0	37	1.4	45	1.2	42	0.9	143	1.0	13	1.1
Pneumonia	1,336	3.8		90	6.2	57	4.2	113	4.4	218	6.0	203	4.1	681	4.9	43	3.6
Bronchitis	2,437	7.0		185	12.7	87	6.3	106	4.1	377	10.4	468	9.5	1,223	8.8	56	4.7
Other diseases of respiratory system	1,896	5.4		81	5.6	163	11.9	310	12.0	172	4.7	85	1.7	811	5.8	181	15.3
Diseases of digestive system	3,863	11.1		97	6.7	75	5.5	290	11.2	459	12.6	570	11.6	1,491	10.7	83	7.0
Diseases of genito-urinary system	2,379	6.8		293	20.1	22	1.6	48	1.9	91	2.5	193	3.9	647	4.6	11	1.1
Diseases of the skin	3,905	11.2		149	10.2	283	20.6	695	26.9	414	11.4	282	5.7	1,823	13.1	109	11.3
Diseases of bones and organs of movement (including rheumatism and arthritis)	748	2.1		4	0.3	10	0.7	48	1.9	73	2.0	60	1.2	195	1.4	6	0.6
Senility and ill-defined conditions	3,354	9.6		46	3.2	62	4.5	185	7.1	383	10.5	573	11.6	1,249	8.9	30	3.1
Burns and scalds	592	1.7		92	6.3	59	4.3	29	1.1	27	0.7	24	0.5	231	1.7	68	7.1
Other accidents, injuries, etc.	1,372	3.9		65	4.5	154	11.2	160	6.2	127	3.5	95	1.9	601	4.3	42	4.4
All other conditions	889	2.5		51	3.5	16	1.2	40	1.5	82	2.3	44	0.9	233	1.7	31	3.2
TOTALS—Administrative County	34,936	100		1,457	100	1,372	100	2,588	100	3,633	100	4,919	100	13,969	100	963	100

Note:—Percentages are of the total cases of the particular sex/age group



TABLE 15—HOME NURSING  
ANALYSIS OF COMPLETED CASES BY DURATION OF TREATMENTS, FREQUENCY OF VISITS AND DISPOSAL OF CASES  
YEAR ENDED 31ST DECEMBER, 1953

Disease or ailment	Total No. of cases	Duration of treatment				*Disposal of cases										Nurse withdrawn		Out-patient X-ray, etc.		Other	
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away							
				Day	Night			No.	Per cent.	Per	Per cent.	No.	Per cent.	No.	Per cent.						
Tuberculosis of respiratory system.....	749	6,380.6	8.5	27,931	8	37.3	4.4	361	48.2	255	34.0	40	5.3	11	1.5	16	2.1	59	7.9	7	0.9
Other infective and parasitic diseases.....	1,035	3,622.4	3.5	13,295	12	12.9	3.7	942	91.0	47	4.5	13	1.3	6	0.6	7	0.7	17	1.6	3	0.3
Cancer .....	1,715	16,186.4	9.4	68,598	1,514	40.9	4.3	243	14.2	209	12.2	1,180	68.8	30	1.7	33	1.9	13	0.8	7	0.4
Diabetes .....	553	13,778.3	24.9	68,413	8	123.7	5.0	158	28.6	72	13.0	48	8.7	86	15.6	2	0.4	181	32.7	6	1.1
Anaemias and other blood diseases .....	768	24,026.1	31.3	31,222	5	40.7	1.3	392	51.0	111	14.5	98	12.8	108	14.1	3	0.4	28	3.6	28	3.6
Mental, psychoneurotic disorders .....	67	688.4	10.3	1,520	31	23.1	2.3	29	43.3	20	29.9	10	14.9	4	6.0	—	—	4	6.0	—	—
Cerebral haemorrhage, cerebral embolism and thrombosis .....	1,086	9,785.7	9.0	33,328	76	30.8	3.4	213	19.6	197	18.1	649	59.8	16	1.5	—	—	5	0.5	6	0.6
Other diseases of central nervous system.....	1,267	24,922.9	19.7	81,159	65	64.1	3.3	307	24.2	280	22.1	596	47.0	41	3.2	12	0.9	20	1.6	11	0.9
Diseases of eye, ear and mastoid process .....	1,290	2,868.9	2.2	14,085	20	10.9	4.9	1,226	95.0	38	2.9	6	0.5	3	0.2	6	0.5	9	0.7	2	0.2
Diseases of heart and circulatory system.....	3,294	40,092.1	12.2	104,949	269	31.9	2.6	1,378	41.8	619	18.8	1,094	33.2	108	3.3	10	0.3	63	1.9	22	0.7
Influenza .....	341	657.4	1.9	3,685	3	10.8	5.6	309	90.6	14	4.1	15	4.4	1	0.3	—	—	1	0.3	1	0.3
Pneumonia .....	1,336	3,316.6	2.5	18,609	85	14.0	5.6	1,066	79.8	146	10.9	107	8.0	7	0.5	3	0.2	6	0.4	1	0.1
Bronchitis .....	2,437	6,762.3	2.8	30,454	48	12.5	4.5	2,058	84.4	120	4.9	225	9.2	14	0.6	—	—	13	0.5	7	0.3
Other diseases of respiratory system.....	1,896	3,300.4	1.7	18,868	39	10.0	5.7	1,746	92.1	71	3.7	45	2.4	7	0.4	6	0.3	19	1.0	2	0.1
Diseases of digestive system .....	3,863	16,585.7	4.3	44,986	188	11.7	2.7	2,788	72.2	447	11.6	158	4.1	34	0.9	390	10.1	37	1.0	9	0.2
Diseases of genito-urinary system .....	2,379	39,491	16.6	46,302	101	19.5	1.2	1,801	75.7	255	10.7	137	5.8	61	2.6	69	2.9	33	1.4	23	1.0
Diseases of the skin .....	3,905	16,435.1	4.2	63,612	45	16.3	3.9	3,552	91.0	225	5.8	54	1.4	29	0.7	17	0.4	20	0.5	8	0.2
Diseases of bones and organs of movement (including rheumatism and arthritis) .....	748	20,947.4	28.0	47,695	20	63.8	2.3	381	50.9	144	19.3	100	13.4	32	4.3	54	7.2	31	4.1	6	0.8
Senility and ill-defined conditions .....	3,354	19,027.7	5.7	55,901	79	16.7	2.9	898	26.8	543	16.2	703	21.0	46	1.4	1,096	32.7	49	1.5	19	0.6
Burns and scalds .....	592	2,387	4.0	10,161	3	17.2	4.3	545	92.1	30	5.1	5	0.8	5	0.8	5	0.8	—	—	2	0.3
Other accidents, injuries, etc. ....	1,372	8,137.4	5.9	26,365	46	19.3	3.2	1,120	81.6	109	7.9	50	3.6	15	1.1	62	4.5	11	0.8	5	0.4
All other conditions .....	889	4,858	5.5	14,523	184	16.5	3.0	684	76.9	110	12.4	47	5.3	9	1.0	12	1.3	19	2.1	8	0.9
TOTALS—Administrative County .....	34,936	284,258	8.1	825,661	2,849	23.7	2.9	22,197	63.5	4,062	11.6	5,380	15.4	673	1.9	1,803	5.2	638	1.8	183	0.5

\* Note:—Percentages here given are of the total cases of the particular disease or ailment.

TABLE 16—HOME NURSING  
ANALYSIS OF COMPLETED CASES IN EACH HEALTH DIVISION BY SEX, DURATION OF TREATMENT, FREQUENCY OF VISITS  
AND DISPOSAL OF CASES—YEAR ENDED 31ST DECEMBER, 1953

Health Division No.	Total cases				Duration of treatment				Disposal of cases																				
	Both sexes	Male		Female		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day & night)	Average No. of visits per case per week	Recovered, or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other					
		No.	Per cent.	No.	Per cent.			Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	882	336	38.1	546	61.9	6,972.6	7.9	20,170	32	22.9	2.9	629	71.3	89	10.1	118	13.4	22	2.5	8	0.9	11	1.2	5	0.6				
2	2,273	855	37.6	1,418	62.4	20,060.7	8.8	55,459	234	24.5	2.8	1,458	64.1	256	11.3	332	14.6	93	4.1	76	3.3	42	1.8	16	0.7				
3	1,531	561	36.6	970	63.4	11,624.7	7.6	37,890	41	24.8	3.3	894	58.4	195	12.7	291	19.0	79	5.2	38	2.5	12	0.8	22	1.4				
4	3,804	1,541	40.5	2,263	59.5	38,137.4	10.0	98,909	556	26.1	2.6	2,539	66.7	399	10.5	529	13.9	72	1.9	146	3.8	89	2.3	30	0.8				
5	2,973	1,113	37.4	1,860	62.6	26,532.4	8.9	74,150	82	25.0	2.8	1,521	51.2	287	9.7	530	17.8	45	1.5	532	17.9	42	1.4	16	0.5				
6	1,588	666	41.9	922	58.1	12,851	8.1	35,839	257	22.7	2.8	828	52.1	209	13.2	352	22.2	34	2.1	136	8.6	20	1.3	9	0.6				
7	2,376	870	36.6	1,506	63.4	20,739.7	8.7	58,090	296	24.6	2.8	1,674	70.5	282	11.9	324	13.6	44	1.9	6	0.3	37	1.6	9	0.4				
8	1,534	591	38.5	943	61.5	15,139.3	9.9	43,239	67	28.2	3.8	931	60.7	201	13.1	280	18.3	16	1.0	84	5.5	21	1.4	1	0.1				
9	3,036	1,373	45.2	1,663	54.8	15,012.7	4.9	57,143	80	18.8	3.8	2,365	77.9	327	10.8	264	8.7	28	0.9	14	0.5	30	1.0	8	0.3				
10	1,635	738	45.1	897	54.9	11,771	7.2	41,395	145	25.4	3.5	1,236	75.6	145	8.9	198	12.1	23	1.4	11	0.7	18	1.1	4	0.2				
11	3,115	1,263	40.5	1,852	59.5	20,500.7	6.6	62,748	116	20.2	3.1	2,114	67.9	308	9.9	431	13.8	27	0.9	166	5.3	63	2.0	6	0.2				
12	3,185	1,314	41.3	1,871	58.7	27,960.4	8.8	63,111	133	19.9	2.3	2,104	66.1	383	12.0	415	13.0	59	1.9	156	4.9	53	1.7	15	0.5				
13	988	384	38.9	604	61.1	9,362.9	9.5	28,738	8	29.1	3.1	626	63.4	138	14.0	147	14.9	11	1.1	50	5.1	8	0.8	8	0.8				
14	1,597	649	40.6	948	59.4	11,101.7	7.0	32,000	165	20.1	2.9	964	60.4	193	12.1	285	17.8	25	1.6	99	6.2	28	1.8	3	0.2				
15	1,786	720	40.3	1,066	59.7	16,349.7	9.2	47,521	71	26.6	2.9	1,034	57.9	279	15.6	315	17.6	25	1.4	90	5.0	32	1.8	11	0.6				
16	1,279	492	38.5	787	61.5	8,249.7	6.5	26,624	550	21.2	3.3	668	52.2	189	14.8	232	18.1	29	2.3	78	6.1	71	5.6	12	0.9				
17	1,354	503	37.1	851	62.9	11,891.3	8.8	42,635	16	31.5	3.6	612	45.2	182	13.4	337	24.9	41	3.0	113	8.3	61	4.5	8	0.6				
Total—Administrative County .....	34,936	13,969	40.0	20,967	60.0	284,258	8.1	825,661	2,849	23.7	2.9	22,197	63.5	4,062	11.6	5,380	15.4	673	1.9	1,803	5.2	638	1.8	183	0.5				



TABLE 17—DIPHTHERIA IMMUNISATION  
INCIDENCE OF, AND MORTALITY FROM, DIPHTHERIA AMONGST THE CHILD POPULATION  
ADMINISTRATIVE COUNTY, 1949-53

	Percentage of total population in age group					No. of cases of diphtheria					Attack rate per 1,000 of population in age group					No. of deaths from diphtheria					Case fatality rate per cent.				
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953
<i>Children under 5 years of age—</i>																									
*Immunised .....	50.7	51.1	52.8	54.5	53.5	6	4	3	4	—	0.07	0.05	0.03	0.05	nil	—	—	—	—	—	—	nil	25	nil	nil
Not immunised .....	49.3	48.9	47.2	45.5	46.5	11	3	7	8	5	0.13	0.04	0.09	0.11	0.07	3	2	1	2	1	27.27	66.67	14.29	25	20
Total .....	100	100	100	100	100	17	7	10	12	5	0.10	0.04	0.06	0.08	0.03	3	3	1	2	1	17.65	42.86	10	16.67	20
<i>Children aged 5 to 14 years—</i>																									
*Immunised .....	73.5	76.2	78.0	78.8	81.3	23	8	3	26	4	0.12	0.04	0.01	0.11	0.02	—	—	—	—	—	—	nil	nil	nil	nil
Not immunised .....	26.5	23.8	22.0	21.2	18.7	19	11	11	23	5	0.27	0.17	0.18	0.38	0.09	1	2	—	—	1	5.26	18.18	nil	nil	20
Total .....	100	100	100	100	100	42	19	14	49	9	0.16	0.07	0.05	0.17	0.03	1	2	—	—	1	2.38	10.53	nil	nil	11.09
<i>All children under 15 years of age—</i>																									
*Immunised .....	64.7	66.6	68.5	70.2	71.9	29	12	6	30	4	0.10	0.04	0.02	0.10	0.01	—	1	—	—	—	—	nil	8.33	nil	nil
Not immunised .....	35.3	33.4	31.5	29.8	28.1	30	14	18	31	10	0.20	0.10	0.13	0.23	0.08	4	4	1	2	2	13.33	28.57	5.56	6.45	20
Total .....	100	100	100	100	100	59	26	24	61	14	0.14	0.06	0.05	0.14	0.03	4	5	1	2	2	6.78	19.23	4.17	3.28	14.29

\* i.e., children who at some time previous to the 31st December of the particular year had completed a course of immunisation.

TABLE 18—CARE AND AFTER-CARE—TUBERCULOSIS  
STATEMENT, BY HEALTH DIVISIONS, OF WORK DONE BY TUBERCULOSIS HEALTH VISITORS DURING 1953

Health Division No.	No. of attendances at care committee meetings	No. of lectures or addresses given	No. of dispensary sessions attended	Number of home visits to all cases						Unclassified	Total
				Routine visits		Visits for special purposes					
				New cases and contacts	Old cases and contacts	Surgical dressings	Orthopaedic attention	Other actual nursing			
1	—	—	97	69	1,085	4	—	138	33	1,329	
2	7	—	321	100	1,603	—	—	3	20	1,726	
3	—	—	117	270	1,869	—	—	28	1	2,168	
4	15	—	315	358	2,498	2	91	10	30	2,989	
5	—	2	410	501	3,432	—	—	—	29	3,962	
6	—	—	248	296	3,042	—	85	6	8	3,437	
7	—	—	293	681	3,210	—	—	—	—	3,891	
8	—	—	453	292	3,119	55	43	55	5	3,569	
9	6	—	668	704	2,398	4	9	79	16	3,210	
10	—	—	160	101	834	2	31	23	13	1,004	
11	16	—	650	298	3,022	58	138	146	13	3,675	
12	—	—	411	206	2,140	—	—	—	2	2,348	
13	—	—	197	166	878	47	4	—	3	1,098	
14	—	—	330	224	2,946	—	—	—	3	3,173	
15	—	2	467	179	3,522	—	—	22	22	3,745	
16	—	—	314	192	2,439	3	—	46	45	2,725	
17	—	—	675	157	2,607	—	—	—	—	2,764	
Total—Administrative County	44	4	6,126	4,794	40,644	175	401	556	243	46,813	



TABLE 19—NATIONAL HEALTH SERVICE ACT, 1946—MENTAL HEALTH SERVICE  
SUMMARY OF WORK UNDERTAKEN BY DULY AUTHORISED OFFICERS UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930, DURING 1953 AND EACH  
OF THE PREVIOUS FOUR YEARS

	1949	1950	1951	1952	1953
1. Admitted to an establishment designated for the purpose by the Ministry of Health:—					
(a) On a three-days order under Section 20 of the Lunacy Act, 1890	610	483	469	420	440
(b) On a 14-days order of a Justice under Section 21 of the Lunacy Act, 1890	551	542	554	644	604
2. Summary reception orders made:—					
(a) Patient conveyed to a mental hospital from another hospital or establishment:—					
(i) Following detention on an order under Section 20 or 21 of the Lunacy Act, 1890	341	316	358	318	330
(ii) Not following detention on an order made under Section 20 or 21 of the Lunacy Act, 1890	34	18	29	23	16
(b) Patient admitted direct to mental hospital	174	196	305	322	275
(c) In respect of a patient already in the same mental hospital:					167
(i) As a voluntary patient	46	40	132	60	84
(ii) As a temporary patient	—	—	24	4	12
(iii) Under the provisions of Section 20 or 21 of the Lunacy Act, 1890	306	364	405	520	490
3. Notified as an alleged person of unsound mind or suffering from mental illness and:—					
(a) Dealt with as:					
(i) A voluntary patient	353	467	764	998	1,051
(ii) A temporary patient	33	26	34	41	73
(b) No order made (excludes cases already shown under (a))	329	391	419	416	540
4. Transfers from one mental hospital to another	142	90	152	99	10

TABLE 20—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1953—

(1) In Hostels—

(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Div. No.	Name and address of hostel	Accommodation capacity at 31st Dec., 1953				Cases which were County Council responsibility								Cases which were responsibility of other Local Authorities							
		No. at 31st Dec., 1953		Deaths		Discharges		Admissions		No. at 31st Dec., 1952		Admissions		Discharges		Deaths		No. at 31st Dec., 1953			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2	The Empress, Morecambe	15*	25*	9	11	7	18	3	4	—	1	13	24	—	—	—	—	1	—	1	—
3	Norcross House, Carleton, Thornton Cleveleys	10	14	8	11	4	6	4	3	—	2	8	12	—	—	—	—	—	—	—	—
4	The Woodlands, St. Andrew's Road South, St. Annes	9	15	7	15	6	8	4	10	1	—	8	13	—	—	—	—	—	—	—	—
	†The Beeches, Bonds, Garstang	22	22	19	20	3	17	3	11	—	5	19	21	—	—	—	—	—	—	3	1
5	Withnell Fold, Near Chorley	20	20	—	—	25	25	10	4	—	1	15	20	—	—	—	—	—	—	—	—
	Hilltop, Manchester Road, Accrington	16	—	16	—	11	—	8	—	4	—	15	—	—	—	—	—	—	—	—	—
6	Glendene, Knowsley Road, Clayton-le-Dale	—	16	—	15	—	9	—	8	—	—	—	16	—	—	—	—	—	—	—	—
	Stanley Villas, Albert Road, Colne	—	14	—	13	—	3	—	2	—	—	—	14	—	—	—	—	—	—	—	—
7	Marles Hill, Wheatley Lane, Barrowford	12	—	13	—	3	—	4	—	—	—	12	—	—	—	—	—	—	—	—	—
	Marbenthe, Marine Terrace, Waterloo	7*	14*	7	11	8	11	8	7	—	1	7	14	—	—	—	—	—	—	—	—
8	Sefton House, Burscough	18	11	17	11	14	10	14	9	—	—	17	12	—	—	—	—	—	—	—	—
	The Limes, Chorley Road, Standish	—	24	16	23	—	2	—	2	—	—	17	23	—	—	—	—	—	—	—	—
9	Burtholme, Chorley Road, Worthington	19	—	—	—	9	—	7	—	1	—	17	—	—	—	—	—	—	—	1	—
	Thorley House, Atherton Rd., Hindley	20	19	—	—	11	9	—	—	—	—	11	9	—	—	—	—	—	—	—	—
12	High Carrs, Broadgreen Road, Huyton-with-Roby	12*	17*	—	—	11	14	5	3	—	—	6	11	—	—	—	—	—	—	—	—
	Hazelhurst, Ramsbottom	9*	9*	7	9	3	6	1	6	—	—	9	9	—	—	—	—	—	—	—	—
13	Redcliffe, Prestwich	17*	15*	17	15	7	5	10	6	—	—	14	14	—	—	—	—	—	—	—	—
	Oaklands, Roehdale Road, Milnrow	—	13	—	11	—	7	—	5	—	—	—	13	—	—	—	—	—	—	—	—
14	Brooklyn, Roehdale Road, Heywood	9	8	7	8	4	5	3	5	—	—	8	8	—	—	—	—	—	—	1	—
	Olive House, Bacup	10	5	10	5	4	5	4	4	1	1	9	5	—	—	—	—	—	—	—	—
16	Claremont, 78 Windsor Road, Oldham	—	20	—	19	—	2	—	1	—	—	—	19	—	—	—	—	—	—	—	1
	Schofield House, Middleton	24	15	—	—	23	18	—	3	1	1	22	15	—	—	—	—	—	—	—	—
17	The Coppice, 84 Windsor Road, Oldham	15	7	—	—	15	7	—	—	—	—	15	6	—	—	—	—	—	—	—	—
	Grangethorpe, 98/100 Talbot Road, Stretford	12*	13*	9	14	9	3	5	3	1	1	12	13	—	—	—	—	—	—	—	—
	Holme Lea, Astley Road, Stalybridge	5	14	4	13	1	2	—	1	1	—	4	14	—	—	—	—	—	—	1	—
	TOTAL	281	330	166	224	178	192	93	97	10	14	241	305	2	—	2	2	1	1	7	3

\* Variable according to need for male or female accommodation. † Previously shown under Section 2(a)(i).



TABLE 21—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1953 (*continued*)—

(1) In Hostels (*continued*)—

(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement.

Managing Authority	Name and address of hostel	Cases which were County Council responsibility									
		No. at 31st December, 1952		Admissions		Discharges		Deaths		No. at 31st December, 1953	
		M	F	M	F	M	F	M	F	M	F
Bolton C.B.C.	Egerton Lodge, Turton .....	1	—	—	—	—	—	—	—	1	—
	Holmes Hostel, Bolton .....	—	—	—	1	—	—	—	—	—	1
	Watermillock Hostel, Astley Bridge .....	—	—	—	1	—	—	—	—	—	1
Bradford C.B.C.	Bolton House, Bradford .....	—	—	—	1	—	—	—	—	—	1
	Whitelow House, Morecambe .....	—	—	—	1	—	—	—	—	—	—
Bury C.B.C.	Beech Grove, Chesham, Bury .....	—	—	1	3	—	—	—	—	—	3
	Brandesholme House, Bury .....	—	—	1	—	—	—	—	—	1	—
Cheshire C.C.	Chadwick Fields, Middlewich .....	—	1	—	—	—	—	—	—	—	—
	The Hill, Knutsford .....	—	1	—	—	—	—	—	—	—	—
	Holme Acre, Altrincham .....	1	—	—	—	—	—	—	—	1	—
	Hulme Hall, Cheadle Hulme .....	—	1	—	1	—	—	—	—	—	1
	Newton House, Newton, Chester .....	—	3	—	—	—	—	—	—	—	—
Chester C.B.C.	Sealand House, Chester .....	—	—	1	—	—	—	1	—	—	—
Halifax C.B.C.	Fairfield, Huddersfield Road, Halifax .....	—	1	—	—	—	—	—	—	—	—
London C.C.	Highfield, 88 Coombe Road, Croydon .....	—	1	—	—	—	—	—	—	—	—
	Plumstead Lodge, London .....	—	1	—	—	—	—	—	—	—	—
Manchester C.B.C.	Allandale, Bowden, Cheshire .....	1	—	—	—	—	—	—	—	1	—
	Cavendish House, Eccles .....	1	—	—	2	—	2	—	—	1	—
	Moorbank, Willow Bank, Fallowfield .....	—	—	—	1	—	—	—	—	—	—
	The Lawns, Norwich .....	—	—	—	1	—	—	—	—	—	—
Norwich C.B.C.	The Hollies, Manchester Road, Oldham .....	1	—	—	—	—	—	—	—	1	—
Oldham C.B.C.	Ashton Civic Hostel, Ashton .....	1	2	—	—	—	—	—	—	1	—
Preston C.B.C.	Eversleigh, Rochdale .....	—	1	—	—	—	—	—	—	—	2
Rochdale C.B.C.	Belmont, Bury New Road, Salford .....	—	5	—	—	—	—	—	—	—	1
Salford C.B.C.	The Homestead, Salford .....	2	—	—	2	1	1	1	1	—	5
	Glentworth House, Oswestry .....	—	1	—	—	—	—	—	—	—	—
Salop C.C.	Fayrer Home, Bowness-on-Windermere .....	—	1	—	—	—	—	—	—	—	—
Westmorland C.C.	Kendal Green Hostel, Kendal .....	—	—	—	1	—	1	—	—	—	—
	Brook Lodge, Selby .....	—	2	—	1	—	—	—	—	—	—
West Riding C.C.	Douglas Bank House, Wigan Lane, Wigan .....	—	—	—	2	—	4	—	—	—	—
Wigan C.B.C.	Norley Hall Hostel, Norley Hall Avenue, Wigan .....	—	—	1	8	1	8	—	—	—	—
	TOTAL	8	24	4	26	3	19	2	2	7	29





TABLE 23—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
 ACCOMMODATION PROVIDED DURING THE YEAR 1953 (continued)—  
 (2) In former Public Assistance Institutions, etc. (continued)—  
 (a) Managed by the Lancashire County Council and administered by the Divisional Health Committee (continued)—  
 (ii) \*Children, at ages (in years)

Health Division No.	Name and address of establishment	†Accommodation capacity at 31st Dec.1953	Cases which were County Council responsibility												Cases which were responsibility of other Local Authorities											
			Accompanied by an adult						Unaccompanied						Accompanied by an adult						Unaccompanied					
			No. at 31st Dec.1952	Admissions	Discharges	Deaths	No. at 31st Dec.1953	No. at 31st Dec.1952	Admissions	Discharges	Deaths	No. at 31st Dec.1953	No. at 31st Dec.1952	Admissions	Discharges	Deaths	No. at 31st Dec.1953	No. at 31st Dec.1952	Admissions	Discharges	Deaths	No. at 31st Dec.1953				
			0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—	0—3—			
1	27 Stanley Street, Ulverston	4	—	6	—	—	—	2	—	—	—	2	—	—	—	—	—	—	3	—	—	—				
2	Bay View House, Lancaster	8	3	17	17	89	—	3	19	—	4	11	10	74	14	79	—	—	—	1	12	1	9			
3	The Highlands, Wesham	—	—	7	2	7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
4	Moorlands, 152 Eaves Lane, Chorley	—	1	3	1	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
7	74 Wigan Road, Ormskirk	16	11	14	2	20	2	—	5	—	—	—	3	3	3	3	—	—	—	—	—	—				
9	Delphside, Warrington Road, Whiston	38	19	102	—	109	—	12	—	—	2	27	—	—	29	—	—	—	—	2	—	5				
15	Bridgewater House, Eccles	—	1	1	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
17	Lakeside Nursery, Ashton-under-Lyne	12	6	31	2	34	—	3	2	—	4	12	—	—	16	—	—	—	—	—	—	—				
	TOTAL	78	56	181	86	197	97	—	25	21	10	11	54	77	64	82	—	—	—	4	1	6	9			

\* i.e. For the purposes of the National Assistance Act, persons under the age of 16 years and for the purposes of the Children Act, persons under the age of 18 years.  
 † Where no nominal accommodation is shown children were admitted as a temporary expedient until other arrangements could be made.

TABLE 24—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1953 (continued)—

(2) In former Public Assistance Institutions, etc. (continued)—  
(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement

Managing Authority	Name and address of establishment	Cases which were County Council responsibility									
		In respect of accommodation provided under S.21(1)(a)					In respect of accommodation provided under S.21(1)(b)				
		No. at 31st Dec., 1952		Deaths		Discharges	Admissions		Deaths	No. at 31st Dec., 1953	
		M.	F.	M.	F.		M.	F.		M.	F.
Blackburn C.B.C.	Park View, Blackburn	55	40	21	32	17	13	2	6	57	53
Bolton C.B.C.	Townley's Hospital Annexe, Farnworth	16	21	—	1	4	2	—	2	12	17
Bradford C.B.C.	The Park, Bradford	—	1	—	—	—	—	—	—	—	1
Burnley C.B.C.	Moorfields, Burnley	45	36	22	17	18	14	2	2	47	37
Cheshire C.C.	Weaver Hall, Northwich	—	—	1	—	—	—	—	—	1	—
Gloucestershire C.C.	Holm Hospital, Tewkesbury	1	—	—	—	—	—	—	—	1	—
Hampshire C.C.	St. John's, Andover	—	—	—	—	—	—	—	—	—	—
Liverpool C.B.C.	Lower Breck Road, Liverpool	—	—	—	—	—	—	—	—	—	—
	Newsham General Hospital, Liverpool	—	—	—	—	—	—	—	—	—	—
	Westminster House, Liverpool	11	14	5	1	4	4	2	2	10	9
London C.C.	King's Mead, Dovehouse Street, London, S.W.3	—	—	—	—	—	—	—	—	—	—
Manchester C.B.C.	Mayfield House, Manchester	2	—	—	—	—	—	—	—	2	—
	Newholme, Withington	2	—	1	2	—	—	—	—	3	2
	Springfield Hospital, Manchester	—	—	—	—	—	—	—	—	—	—
Oldham C.B.C.	Boundary Park Hospital Annexe, Oldham	59	31	19	26	40	26	11	7	27	24
Preston C.B.C.	Preston Civic Hostel, Fulwood	12	14	8	2	5	4	1	1	15	11
Rochdale C.B.C.	South View, Rochdale	12	2	4	53	16	22	—	—	—	33
Wallasey C.B.C.	Part III Accommodation, Wallasey	—	—	—	—	—	—	—	—	—	—
Warrington C.B.C.	Whitecross Welfare Homes, Warrington	12	15	5	2	5	5	—	—	12	12
Warwickshire C.C.	Warwick Hospital (residential accommodation)	—	—	1	—	—	—	—	—	1	—
West Riding C.C.	Hillworth Lodge, Keighley	—	1	—	—	—	—	—	—	—	1
	Thornton View, Bradford	—	1	—	—	—	—	—	—	—	1
Wigan C.B.C.	Social Welfare Home, Frog Lane, Wigan	22	8	11	6	20	10	—	—	13	4
	TOTAL—former Public Assistance Institutions	249	186	98	142	129	103	17	20	201	205
Manchester C.B.C.	Langho Epileptic Colony, Langho	63	82	9	7	7	7	—	2	65	80
	TOTAL—all above Establishments	312	268	107	149	136	110	17	22	266	285

\* Only children under the age of 16 years accompanied by and accommodated in the same institution as an adult are included.



ACCOMMODATION PROVIDED DURING THE YEAR 1953 (continued)—  
(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area)—  
(a) Other than Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1952		Admissions		Discharges		Deaths		No. at 31st Dec., 1953	
		M	F	M	F	M	F	M	F	M	F
Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	2	—	—	—	—	—	—	—	2
Ann Challis Eventide Home	Ann Challis Eventide Home, Urmston	—	23	—	11	—	8	—	—	—	26
Ashton-under-Lyne Housing Association	Grasmere House, Ashton-under-Lyne	—	15	—	12	—	5	—	3	—	19
British Legion	Lister House, Sharow, near Ripon	5	—	—	—	—	—	—	—	5	—
British Red Cross Society	Binswood, Didsbury, Manchester	—	—	—	1	—	1	—	—	—	—
Cheshire Residential Homes	Edenhurst, Thorley Lane, Timperley	2	—	—	—	—	—	—	—	—	—
Church Army	Bickham House, Bowden, Cheshire	1	1	—	—	—	—	1	—	1	1
Community of St. Mary the Virgin, Wantage	Sunset Home, 9 Merton Road, Bootle	—	5	—	1	—	1	—	—	—	5
Cotebrook Home for Cripples	St. Mary's Home, Priory Road, Hastings	—	1	—	—	—	—	—	—	—	1
Cripplecrafft, Ltd.	Cotebrook Home for Cripples, Lymm, Cheshire	—	3	—	—	—	—	—	—	—	3
Cripples' Help Society	Cripplecrafft Home, Herne Bay	—	2	—	—	—	—	—	—	—	2
Crosby Residential Trust	Cripples' Home, Tan-y-Bryn, Abergele	2	1	—	1	—	—	—	—	—	2
David Lewis Epileptic Colony	Sundene Lodge, Esplanade, Waterloo	1	7	1	3	—	2	—	—	—	8
East Lanes. Masonic Benevolent Association	David Lewis Colony, Warford, Cheshire	12	7	2	1	—	—	—	—	10	8
Eccles Old People's Welfare Association	Walshaw Hall, Tottington, Bury	2	8	—	4	—	—	—	1	2	7
Formby Council of Social Service	Derby House Hostel, Eccles	4	12	2	—	—	2	—	3	6	11
Hawick & District Eventide Homes, Ltd.	Maryland Home, School Lane, Formby	3	6	1	5	—	6	—	—	4	5
Home of the Alexian Brothers	Weens House, Hawick	—	—	1	—	—	—	—	—	1	—
Langdale Cottage Homes Trust	St. Mary's Home, Moston, Manchester	1	2	—	—	—	—	1	—	2	—
Maghull Homes for Epileptics (Inc.)	Langdale Cottage Homes, Worsley	13	22	6	2	4	5	—	1	15	18
Manchester and Salford Methodist Mission	Maghull Homes for Epileptics, Maghull, near Liverpool	—	2	—	—	—	1	—	—	—	1
Methodist Homes for the Aged	The Rossett, Withington, Manchester	—	—	—	—	—	—	—	—	—	1
Mutual Aid Homes, Ltd.	Berwick Grange, Harrogate	—	—	—	1	—	—	—	—	—	1
National Institute for the Deaf	Fulwood Park, Liverpool	—	1	—	—	—	—	—	—	—	2
St. Elizabeth's Home for Epileptics	Moorlands House, Hathersago	—	2	—	1	—	—	—	—	—	2
Salvation Army	Mutual Aid Homes, Grange-over-Sands	—	—	1	—	—	—	—	—	—	2
Society of Friends	Mutual Aid Homes, Westcliff-on-Sea	—	1	—	1	—	—	—	—	1	1
Star & Garter Home for Disabled Soldiers, Sailors and Airmen	Northern Counties Home for Deaf Women, Richardson House, Billinge	—	—	—	—	—	—	—	—	—	7
Stonebower Fellowship	End Road, Blackburn	—	7	—	—	—	—	—	—	—	1
Turner Memorial Home of Rest	St. Elizabeth's Home, Much Hadham, Herts.	—	2	—	—	—	—	—	1	—	5
Women's Voluntary Services	Blenheim House, 101 Waterloo Road, Oldham	—	2	—	4	—	—	—	1	—	1
	Dewdown House, 64 Beach Road, Weston-super-Mare	—	—	1	1	—	—	—	—	—	1
	Eventide Home, Holm Hill, West Kirby	—	1	—	—	—	—	—	—	—	4
	Eventide Home, Laurel Bank, Salford	—	3	—	1	—	—	—	—	—	—
	Eventide Home for Men, Methlan Park, Dumbarton	1	—	—	—	—	—	—	—	1	—
	Eventide Home for Men, Wicksted Hall, Whitechurch	2	—	1	—	—	—	—	—	3	—
	Holt House, Hilton Lane, Prestwich	—	13	—	4	—	1	—	2	—	14
	Mary Fowler Eventide Home, Allerton	—	1	—	1	—	1	—	—	—	1
	Oak Hill, Higher Broughton, Salford	—	1	—	—	—	—	—	—	—	—
	Southlands, Hall Nook, Penketh	—	14	—	6	—	1	—	2	—	18
	Beechville, Lostock Park, Bolton	2	—	—	2	—	—	1	—	1	2
	Star & Garter Home for Disabled Soldiers, Sailors and Airmen, Richmond, Surrey	—	—	1	—	—	—	—	—	1	—
	The Cove, Silverdale, Carnforth	5	7	1	2	—	1	—	—	6	8
	Turner Memorial Home, Dingle Head, Liverpool	1	—	1	—	—	—	—	—	1	—
	Croxley House, Rickmansworth	1	—	—	—	—	—	—	—	1	—
	Residential Club, 58 Elsworth Road, Hampstead	—	—	—	1	—	—	—	—	—	1
TOTAL		58	175	21	66	9	36	3	14	67	191

TABLE 26—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1953 (*continued*)—  
 (3) In establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area) (*continued*)—  
 (b) Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1952		Admissions		Discharges		Deaths		No. at 31st Dec., 1953	
		M	F	M	F	M	F	M	F	M	F
Blackpool and Fylde Society for the Blind	Sunbeam Home of Rest, Newton Drive, Blackpool	1	5	—	1	—	2	—	—	1	4
Fulwood Workshops for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	3	8	—	3	—	2	—	—	3	9
Henderson Holiday Home	Henderson Holiday Home, South Shore, Blackpool	—	—	—	2	—	—	—	—	—	2
Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	10	—	—	—	1	—	—	—	9
Hertfordshire Society for the Blind	Thomas Briggs Lomas Home, Rhyll	2	—	—	—	—	—	—	—	2	—
Home Teaching Society for the Blind	St. Audrey's Home for the Blind, Hatfield, Herts.	—	—	—	1	—	—	—	—	—	1
Manchester and Salford Blind Aid Society	Ash Lea Boarding House for Women, Aigburth Road, Liverpool	—	1	—	—	—	—	—	—	—	1
	"Elms", Pendleton	—	4	—	2	—	—	—	1	—	5
	Godfrey Ernen Memorial Home, Southport	2	—	—	—	—	—	—	—	2	—
	"Oaklands", Pendleton	7	6	3	3	1	2	1	—	8	7
National Institute for the Blind	Home for the Deaf-Blind, Hoylake	—	1	—	—	—	1	—	—	—	—
	"Tate House", Home for the Deaf-Blind, Harrogate	1	—	—	—	—	—	—	—	1	—
North London Homes for the Blind	"Clevelands", Chorley New Road, Bolton	2	1	—	—	—	—	—	—	2	1
	"Dunwithins", Chorley New Road, Bolton	2	12	—	1	1	1	—	2	1	10
North Regional Association for the Blind	"Oaklands", Huddersfield Road, Holmfirth	—	—	—	3	—	—	—	—	—	3
	"Springhill", Nelson	4	5	2	4	—	2	—	1	6	6
Servers of the Blind League	Home for the Blind, Bolney Court, Haywards Heath	—	1	—	—	—	1	—	—	—	—
	TOTAL	24	54	5	20	2	12	1	4	26	58



TABLE 27—SUMMARY OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1953

(Extracted from Weekly Returns of District Medical Officers of Health)

*NOTIFICATIONS ON SCHEDULE A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
RESPIRATORY TUBERCULOSIS										NON-RESPIRATORY TUBERCULOSIS																			Total Notifications (i.e., cases previously notified by other doctors)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
QUARTER ENDED	Lungs only	Lungs and Larynx	Larynx	Bronchial Glands	Mediastinal Glands	TOTAL	BONES AND JOINTS												ABDOMINAL			GENITO-URINARY								SKIN (Lupus)	PERIPHERAL GLANDS			TOTAL ALL FORMS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
							Head (including Middle Ear)	Trunk		Arm						Leg						Not classified different joints	Intestines	Peritoneum	Mesenteric Glands	Bladder	Fallopian Tube	Kidney			Prostate	Suprarenal	Testicle and Epididymis		Not classified (two or more)	MENINGITIS (Brain)	MILIARY (Generalised)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
								Ribs and Sternum	Spine	Shoulder	Scapula	Humerus	Elbow	Radius	Ulna	Hand and Wrist	Hip and Pelvis	Femur	Knee	Tibia	Fibula																	Foot and Ankle	Two or more																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
31st March, 1953 .....	440	1	2	—	—	443	2	1	6	1	—	—	—	—	—	—	1	1	1	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

## \*NOTIFICATIONS ON SCHEDULE A

[illegible]

Excluding duplicates, and corrected for subsequent changes of diagnosis.

TABLE 28—ANALYSIS OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED DURING 1953  
(Excluding duplicates and corrected for subsequent changes of diagnosis.)

AGE—YEARS:—		Col.	0—												1—		5—		10—		15—		20—		25—		35—		45—		55—		65—		TOTAL		Col.	
SEX:—	M.		F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes				
RESPIRATORY—	Lungs only	1	4	2	6	37	70	37	56	93	31	32	63	53	115	168	90	149	239	174	226	400	127	122	249	164	48	212	135	23	158	67	16	83	919	822	1741	
	Lungs and Larynx	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Larynx	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Bronchial Glands	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Medastinal Glands	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
RESPIRATORY TOTAL		6	4	2	6	37	70	37	57	94	31	32	63	53	115	168	90	149	239	175	226	401	128	122	250	168	48	216	137	23	160	69	17	86	929	824	1753	
*Cases—Respiratory and non-respiratory combined			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
NON-RESPIRATORY—	{ Head (including Middle Ear) Trunk— Ribs and Sternum Spine Arm— Shoulder Scapula Humerus Elbow Forearm Radius Ulna Hand and Wrist Leg— Hip and Pelvis Femur Knee Tibia Fibula Foot and Ankle Two or more different Joints Not Classified	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
ABDOMINAL	{ Intestines Peritoneum Mesenteric Glands	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
GENITO-URINARY	{ Bladder Fallopian Tube Kidney Prostate Suprarenal Testicle and Epididymis Not Classified (Two or more)	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		32	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
MENINGITIS (Brain) MILIARY (Generalised) SKIN (Lupus)	{ Axillary Cervical Inguinal	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
PERIPHERAL GLANDS	{ Axillary Cervical Inguinal	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		39	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
MISCELLANEOUS	{ Axillary Cervical Inguinal	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
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